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OPINION RESEARCH CORP PRINCETON NJ

STUDY ON THE RECRUITMENT OF MEDICAL PROFESSIONALS FOR THE MILIT--ETC(U)

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Study of the Recruitment of Medical Professionals for the Military Services

Prepared for
THE DEPARTMENT OF THE ARMY
DEFENSE SUPPLY SERVICE

April 1976

Department of Defense Contract
MDA 903 75 C 0221

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20. ABSTRACT (Continue on reverse side if necessary and identify by block number) This is a study of the medical professional enlistment market for military service. The study gauges awareness of and attitudes toward military service.																	

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APPENDIX

Physicians' Questionnaire

INTRODUCTION

This report presents results of an intensive study of health care professionals, the purpose of which was to investigate the market potential for military services. This quantitative study was preceded by an exploratory research phase which was reported on 17 October, 1975.

Results are based on personal interviews with the following groups of health professionals:

- Practicing physicians
- Residents
- Medical students
- Osteopathy students
- Dental students
- Nursing students

All interviewing was conducted during the period December 8, 1975 to January 23, 1976.

EXECUTIVE SUMMARY

Methodology

The objective of this study was to investigate the parameters of recruiting health care professionals for practices in the military services. Using a small groups design, the overall sentiments toward military practices were assessed among:

- Practicing physicians in metropolitan areas (general practice, internal medicine, Ob/Gyn, pediatrics)
- Practicing physicians in nonmetropolitan areas (general practice, internal medicine, Ob/Gyn, pediatrics)
- Residents (internal medicine, Ob/Gyn, pediatrics)
- Medical students
- Osteopathy students
- Dental students
- Nursing students (3-year program)
- Nursing students (4-year program)

The data-gathering vehicle consisted of personal interviews conducted at various locations throughout the country, but the resulting sample is not a national probability sample. A minimum of 100 health care specialists in each of the above categories were interviewed; approximately two-thirds of the medical students were in their senior year, the rest were juniors. All other students were in their senior year of training.

Practicing Physicians and Residents

Practicing physicians and residents do not rate a military medical practice for themselves very highly. A great many have not even considered such a possibility, giving reasons such as "I want to be my own boss" and "I don't want to move around."

It is not that physicians lack knowledge about a military practice. They are well-versed on most aspects, with the possible exception of current military salaries and amount of retirement benefits, both of which are higher than most physicians had believed.

High salaries are insufficient, however, for even when informed of the higher salaries, very few physicians indicate that the probability of their entering a military practice is any higher than before.

When asked to judge the adequacy of the present entry salary, a large number report it is "adequate" or better. In fact, if certain other changes occurred, a majority of physicians would regard the salary as at least adequate. Foremost among these changes would be more control over one's service location and greater freedom in the practicing of medicine in the military.

An index of the importance of career elements was developed, and it was discovered that the advertised benefits of a military practice tended to be of least importance for career decisions among physicians. Among these career aspects of low importance were:

- a 40-hour week
- the prospect of early retirement
- freedom from administrative responsibility
- the opportunity for travel
- prestige within the community

The most important career elements were reported to be more readily available in a civilian medical practice. Among these important elements were:

- the opportunity to make one's own decisions
- accomplishing something worthwhile
- living in the community that one chooses
- associating with professionals one respects

Residents, metropolitan physicians, and nonmetropolitan physicians gave remarkably similar responses to most of the questions in the interview. Physicians living in nonmetropolitan areas tended to be somewhat more favorable to a military medical practice than were their counterparts in metropolitan areas.

The anticipated spectre of socialized medicine and vastly increased costs for malpractice insurance do indeed increase the self-reported probabilities of physicians joining the military. However, when compared to possible intra-military changes involving location assignments and greater professional freedom, the increases associated with the social changes shrink to insignificance.

Married physicians, as might be anticipated, report that their spouses are the greatest single source of influence on their career decisions. Given this realization, it would seem that in many cases the utmost attempts at recruiting are doomed to failure if provision is not made for obtaining the support of the spouse.

Unmarried physicians tend to be somewhat younger and regard their parents as their most important influencers in career decisions.

When it comes to obtaining information on a military practice, physicians look to former military physicians for this information. Since many of these former physicians entered military service by way of the draft, the advice they transmit to younger physicians presumably is not generally favorable toward the military.

In spite of an apparent need for physicians in the military, only one out of three reports ever having talked to a recruiter. Among those physicians having had experience with recruiters, very few reported this as having been an unfavorable experience.

In retrospect, young physicians whom we dealt with in this study do not appear to be the most likely candidates for a military medical practice -- especially in terms of a military career. These physicians, schooled in independent decision-making and autonomy, tend to rebel against the structured discipline of the military.

Rather, it might be that many of these competent and aggressive physicians attain their important goals long before retirement, and, as such, either out of complacency or frustration with a civilian practice, may be quite ready to invest two or more years of their lives in a military practice. This hypothesis should be explored further.

Greater numbers of physicians could be recruited if initial and succeeding locations could be selected by the physicians and guaranteed.

Greater numbers of physicians could be recruited by concentrating on changing those important career aspects that currently are not perceived to be available in a military practice.

Socialized medicine and vastly higher costs for malpractice insurance are not likely to serve as a major recruiting impetus for physicians, but those currently in medical school tend to be more apprehensive (currently) about this.

Increasing the entry salary for physicians at this time probably will not enhance recruiting among physicians.

Medical and Osteopathy Students

There had been some initial speculation that osteopathy students might be more favorable toward a military practice than were medical students. This is definitely not the case, and the two groups appear virtually identical in favorability -- or lack thereof.

Although no DOD-scholarship recipients were included in the sample, a large number had considered financing their medical education via this route. A major reason cited for their not having accepted a scholarship (it is not clear in many cases that a scholarship was ever offered) was that they wanted to be their own bosses.

Medical and osteopathy students tend to be well informed about conditions of a military practice, having obtained most of their information from advertisements in medical journals. Like practicing physicians, they are not aware of current salary levels, but even having this knowledge does not increase the stated probabilities of their entering a military medical practice.

Among the negatives associated with a military practice are:

- excessive discipline
- repeated relocation
- fear of losing control over the type of cases one sees

The objection to possible rigorous physical training is of comparative unimportance to these students.

Again, like practicing physicians, many of the most important elements in career decisions are seen to be absent in a military practice. Among these are:

- the right to make one's own decisions
- living where one wants
- doing something worthwhile
- having a challenging practice

Those aspects perceived as being available in the military, but of little importance, include early retirement, a 40-hour week, prestige, and absence of patient overloads.

Osteopathy students feel that D.O.'s get less respect in civilian life than do M.D.'s, but in the military, they perceive more equivalent treatment. This, however, does not make them more favorable toward a military practice.

The cost of malpractice insurance represents a greater concern for students than for physicians. A military practice is seen by some as one possible way of dealing with the issue.

Influencers tend to be parents, teachers, friends, and if married, spouses.

Three out of four medical students have not talked with a recruiter, but one out of two osteopathy students has not. Those who have talked to recruiters have an overwhelmingly favorable opinion of the recruiters.

A possible suggestion that recruiters become more active among medical students must be tempered by a comparison with osteopathy students who have had more experience with recruiters, but who are no more favorable toward a military practice than are the medical students.

Medical students at the early stages of their professional training ought to be continued to be recruited by way of the scholarship program.

Under current conditions it appears doubtful that that there will be an increase in the level of recruitment of medical or osteopathy students

who have not been part of the scholarship program. At this point in their careers they are feeling too self-sufficient and see too many opportunities in civilian practice. They, too, may become likely candidates after they have had 15-20 years of civilian experience.

It is possible that recruiting could be enhanced by offering students greater flexibility in location choice, both initial and subsequent locations, and by offering the option for a physician to leave military service when he chose to.

Dental Students

Approximately two out of three dental students have considered a military practice, citing the possibility of obtaining needed experience and the money involved. Those not having considered a military practice typically cited wanting to be their own bosses, fear of not being able to influence the type of cases they saw, the type of treatment they administered and, of course, the perceived rigorous discipline.

Most of the information dental students receive about a military dental practice comes from dentists who have been in the military. Advertisements in professional dental journals are their least-used source of information.

On the average, dental students tend to be more knowledgeable about a military practice than are their medical counterparts. If there is any lack of knowledge, it revolves about current salary level.

Dental students tend to be more favorable toward a military practice than any other group, with the possible exception of nurses. In terms of actual probabilities of entering the military, approximately one out of four indicated this probability to be 50% or higher. And furthermore, if certain changes involving location, greater autonomy, with options to leave the service under certain conditions were guaranteed, the data indicate an even greater number would seriously consider a military dental practice.

As might be expected from the favorability reflected, salaries are regarded as "adequate" or better by more than half of the dental students interviewed.

Half of the dental students interviewed have had contact with a military recruiter, and among these, three out of four reported this as having been a positive experience.

Dental students are favorable enough toward military service that recruiting efforts can be very productive. The opportunity to gain experience and at the same time earn rather attractive benefits in a military practice is viewed quite favorably.

Student Nurses

More than half of the three-year and four-year student nurses report having considered a military nursing practice. Reasons cited include:

- an opportunity to travel
- good benefits
- the availability of educational opportunities

In general, student nurses tended to be somewhat different from the other groups interviewed. They tended to be just as knowledgeable as dental students about a military practice, and they were the best informed group when it came to the entry salary range. What they knew least about was the amount of retirement benefits.

Nurses, by far, were the most favorable group toward a military practice. Three-year student nurses were slightly more favorable than were four-year students. Actually, there was a tremendous variation in favorability within both classifications of student nurses. Those who were very favorable (28%) were really very favorable - near the top of the rating scales, while those who were unfavorable were quite low on the rating scales.

The positive attitudes toward a military practice appear to be related to the elements judged to be important in career decisions. Here an interesting phenomenon developed. It was not that nurses, for the most part, considered different elements to be important, but rather, they perceived their important elements to be more readily available to them in a military practice.

Some of the most important elements such as accomplishing something worthwhile, opportunities for continued education, and having a challenging practice were all perceived to be more readily available in a military practice.

One important difference was noted between student nurses and the other groups. Student nurses felt being treated with respect and consideration was one of the most important elements in a career, and as might be suspected, significantly more student nurses felt this was more true of a military than a civilian practice.

Almost nine out of ten student nurses felt that the salary was adequate.

Approximately one-half of all student nurses have talked with a recruiter, and almost none of these indicated that their reaction was unfavorable.

Because of the bi-modal distribution in favorability toward the military among student nurses, recruiters can be more effective by concentrating their efforts among students who show an initial favorability.

I. METHODOLOGY

Sample Design

Seventeen sample cities were purposively selected in order to obtain geographical diversity and to represent large and small metropolitan areas. Detroit, Kansas City, and Philadelphia were also included because osteopathy schools are located in these cities. In each of the 17 cities from one to six of the different respondent groups were interviewed.

In addition, small cities were identified in ORC's national master sample. These are 25,000 to 50,000 in population size (1970), and not in a SMSA. These were used only in the practicing physician sample. Because there are so few young physicians in the small cities, the geographic areas were expanded to include physicians in the counties in which these cities are located.

Details about the selection of individuals for each of the several samples of health professionals appear at the beginning of each of the chapters reporting the results for that group or groups.

Weighted Scores

Much of the analysis is in terms of weighted scores. In all cases the scores are arrived at by applying a weight to the number of respondents selecting an answer, summing these weighted numbers, and dividing by the number of respondents. High weights are applied to what might be interpreted as the more favorable or more important ratings.

Following are the weights applied to individual questions:

<u>Question</u>	<u>Range</u>	<u>Categories</u>
7	5 - 1	Very well informed - Very poorly informed
19a-c	10 - 1	Favorable - Unfavorable
20a-v	5 - 1	Very important - Not at all important
22	4 - 1	Very important - Not at all important
39a	4 - 1	Very adequate - Totally unacceptable

Factor Analysis

A factor analysis was carried out on the importance ratings for career aspects. The scores of all physicians (N=322) were combined in this analysis.

Factor analysis is a statistical technique used for data reduction and interpretation. Beginning with the 22 discrete variables listed on the opposite page, we conducted a search for those basic cognitive factors which would account for how physicians responded to clusters of items rather than individual items themselves. As might be expected, when such a factor is isolated, it explains the rating behavior on a cluster of inter-related items which share a common psychological meaning. This meaning is used in a post-hoc analysis to name the factor involved.

Depending on the number and variability of initial items used, it is common to be able to extract 5-6 factors which can be named. However, after repeated attempts, we were able to extract only two factors which best "fit" our list of 22 variables.

The factor matrix derived was rotated orthogonally so that each variable would load on or measure one factor rather than several.

Factor 1 was named Personal benefits and dealt with aspects of a career such as early retirement, working a 40-hour week, having a good income, etc.

Factor 2 was labeled Professionalism and dealt with having modern medical equipment, having a challenging practice, having the opportunity for continued training, etc.

The variable loadings for each factor were then multiplied by the actual ratings given by the physicians in order to develop total factor scores for each physician. The distributions of total scores for each factor were then divided at the median point to determine which physicians were "high" or "low" on the particular factor.

The minus signs associated with Factor 1 on the next page should be disregarded, since they are an artifact of the rotation used.

The significant loadings are underlined on the facing page, and this indicates which items were used to measure a factor. Variable 1, dealing with making one's own decisions, was the only one not used in the subsequent analysis.

Orthogonal Factor Matrix (Varimax)

<u>Variable</u>	<u>Factor 1</u>	<u>Factor 2</u>
A. Making own decisions	.02	.24
B. Opportunity to travel	<u>-.38</u>	.03
C. Good retirement program	<u>-.54</u>	.36
D. Good income	<u>-.53</u>	.31
E. Associated with respected professionals	-.17	<u>.54</u>
F. Living in a preferred community	-.23	<u>.45</u>
G. Opportunity for advancement and promotion	<u>-.41</u>	.30
H. Opportunity to continue education	-.26	<u>.57</u>
I. Having modern medical equipment	-.17	<u>.66</u>
J. Varied and challenging practice	-.02	<u>.64</u>
K. Accomplish something worthwhile	.06	<u>.39</u>
L. Retire at an early age	<u>-.70</u>	.00
M. Lack of patient overload	<u>-.66</u>	.12
N. Work 40-hour week	<u>-.71</u>	.00
O. Treated with respect and consideration	-.34	<u>.50</u>
P. Meaningful, continued relationship with patients	-.15	<u>.47</u>
Q. Free of administrative responsibility	<u>-.43</u>	.15
R. Able to hire and fire own staff	-.18	<u>.42</u>
S. Having position of prestige in community	-.29	<u>.47</u>
T. Month vacation yearly	<u>-.64</u>	.16
U. Attend professional conferences	-.27	<u>.58</u>
V. Free of malpractice suits	<u>-.56</u>	.39

Multiple Regression Analysis Discussion

Stepwise multiple regression analyses were used with different sets of predictor variables in conjunction with the criterion (Question 19b) dealing with physicians' favorability toward a 2-5 year military practice. Other criteria such as favorability toward the military in general and favorability toward a military career were considered and rejected. The former was not used because it appeared unrelated to behavioral intention, and, when it came to career favorability, there was insufficient variability in scores to make this a useful criterion.

Because practicing physicians represented the largest group (N=216), regression analyses focus exclusively on them. This is because the particular statistical techniques used require as large a group as possible, given the number of predictor variables employed.

The data on the next several pages are informative, not from a predictive point of view, but rather for their descriptive and explanatory nature.

Multiple Regression Analysis 1

Criterion -- Question 19B -- Favorability toward a 2-5 year military practice (for you)

Predictors -- Comparing a military practice to one's own practice on --

Question 21A -- Making your own decisions

- " 21B -- Opportunity to travel
- " 21C -- Good retirement program
- " 21D -- Good income
- " 21E -- Association with respected professionals
- " 21F -- Living in chosen community
- " 21G -- Opportunity to advance
- " 21H -- Continue education
- " 21I -- Having up-to-date equipment
- " 21J -- Varied and challenging practice
- " 21K -- Accomplish something worthwhile
- " 21L -- Retire early
- " 21M -- Free from patient overload
- " 21N -- Work 40-hour week
- " 21O -- Treated with respect
- " 21P -- Meaningful relationship with patients
- " 21Q -- Free from administrative responsibility
- " 21R -- Able to hire and fire staff
- " 21S -- Prestige in the community
- " 21T -- A month's vacation every year
- " 21U -- Attend professional conferences
- " 21V -- No worry about malpractice suits

Of the 22 predictor variables involved, a total of 19 entered the step-wise linear regression before the pre-established cutoff point was reached (partial $r = .0100$).

In studying the individual correlations between each predictor variable and favorability scores, the following variables showed the greatest relationship (highest r was .19). All three correlations were positive.

- Accomplishing something worthwhile
- Having a meaningful relationship with patients
- Making one's own decisions

In a multiple regression analysis, an r of .39 was obtained, explaining slightly more than 15 per cent of the variance in favorability ratings. The most important contributions to variance in this analysis are listed below in order of magnitude.

- Accomplishing something worthwhile
- Having prestige within one's community
- Having a meaningful relationship with patients

Multiple Regression Analysis 2

Criterion -- Question 19B -- Favorability toward a 2-5 year military practice (for you)

Predictors -- Importance ratings for the following elements --

Question 20A -- Making your own decisions

- " 20B -- Opportunity to travel
- " 20C -- Good retirement program
- " 20D -- Good income
- " 20E -- Association with respected professionals
- " 20F -- Living in chosen community
- " 20G -- Opportunity to advance
- " 20H -- Continue education
- " 20I -- Having up-to-date equipment
- " 20J -- Varied and challenging practice
- " 20K -- Accomplish something worthwhile
- " 20L -- Retire early
- " 20M -- Free from patient overload
- " 20N -- Work 40-hour week
- " 20O -- Treated with respect
- " 20P -- Meaningful relationship with patients
- " 20Q -- Free from administrative responsibility
- " 20R -- Able to hire and fire staff
- " 20S -- Prestige in the community
- " 20T -- A month's vacation every year
- " 20U -- Attend professional conferences
- " 20V -- No worry about malpractice suits

In this second regression analysis dealing with the importance of the elements just considered in analysis 1, a total of 21 predictors entered the analysis.

When the importance of variables was considered individually, those variables showing the greatest relationship to favorability scores were as follows. The highest r obtained was .18. Again all correlations were positive.

- Working a 40-hour week
- Having prestige in the community
- Retiring early
- Having a good retirement program
- Having a good income

When the variables were considered collectively, those contributing the most to explaining overall variance include:

- Having prestige in the community
- Accomplishing something worthwhile

The multiple R , having entered 21 variables, was .41, R^2 was .17.

Multiple Regression Analysis 3

Criterion -- Question 19B -- Favorability toward a 2-5 year military practice (for you)

Predictors -- General favorability toward the military and the importance of reasons for not choosing a military practice

Question 19A -- Favorability toward the military in general

- " 22A -- Disliking military discipline
- " 22B -- Objecting to concept of rank
- " 22C -- Not liking to wear a uniform
- " 22D -- Could not control specialty training
- " 22E -- Object to physical training
- " 22F -- Have to move too much
- " 22G -- Lose control of kinds of cases seen
- " 22H -- Too much administration involved
- " 22I -- Lose control over treatments prescribed
- " 22J -- Doctor-patient confidentiality could break down

Only one significant individual correlation with the favorability criterion was obtained. This involved a positive correlation of .48 between favorability toward the military in general and favorability toward a 2-5 year military practice. Of all variables considered, this correlation was the largest obtained with the criterion.

The multiple regression ($R=.51$, $p<.001$) is highly significant because of question 19A entering the predictive battery. Interestingly, among the usual reasons for not entering a military practice, none has any significant impact in actually helping to predict behavioral intention. Later in this report, discrepancy analyses involving career elements will shed greater light on this apparent dilemma.

Multiple Regression Analysis 4

Criterion -- Question 19B -- Favorability toward a 2-5 year military practice (for you)

Predictors -- Various

Question 39A -- Adequacy of current military salaries

- " 40 -- Number of patients seen per week
- " 44 -- Age of physician
- " 45 -- U.S. vs. foreign medical school attendance
- " 46 -- U.S. vs. foreign born
- " 48 -- Presence or absence of children in the home
- " 50 -- Sex of physician

The highest individual correlation (highest = .14) with the criterion were obtained for those variables listed below.

- Number of patients seen per week
- Age of physician
- U.S. vs. foreign medical school attendance

The correlations were such that physicians seeing more patients, who were older, and who graduated from foreign medical schools were seen as more favorable toward a military practice.

In terms of the multiple regression analysis, the same variables emerge as being most important. However, the overall R of .23 is not significant at the $p = .10$ level.

A Note on Reading This Report

Percentages read across where percent signs are shown in the left-hand column of a table. Percentages read down where percent signs appear at the top of a column.

Percentage distributions may add to more than 100% because of multiple answers.

Where percentage distributions add to less than 100% it is because only principal answers are shown.

An asterisk (*) is used for any value less than 1/2%.

The notation at the bottom of tables refers to the page in the computer tabulations on which the data in that table are based. Each service will have a copy of these detailed tabulations.

Throughout this report, statistically significant differences between groups ($p < .10$) are shown boxed or circled. Tests of significance used were a t-test for scaled values and a binomial expansion, corrected for clustering, for proportions.

II

PRACTICING PHYSICIANS AND RESIDENTS

This section reports the results of interviews with 216 practicing physicians and 106 residents, all age 40 years or under, who are in general practice or one of the three specialties: internal medicine, obstetrics/gynecology, or pediatrics.

The names of physicians for the samples were selected systematically from lists generated by Clark-O'Neill, Inc. Samples of both practicing physicians and residents were drawn from New York City, Buffalo, Minneapolis/St. Paul, Kansas City, Atlanta, Memphis, Houston, Albuquerque, San Francisco, and Seattle.

Samples of practicing physicians were also drawn from non-metropolitan counties in the following states:

Maine	Ohio	North Carolina
New Hampshire	Wisconsin	South Carolina
Massachusetts	Iowa	Georgia
New York	Kansas	Louisiana
New Jersey		
Texas	Montana	California
Arizona	Colorado	

In the sample selection for practicing physicians a stratifying step was introduced for the purpose of matching the specialty distribution to ORC estimates of the universe of physicians 40 years and younger in general practice and the three specialties. These ORC estimates were developed from Clark-O'Neill, Inc. data. The following table compares the outcome of the study and the estimated actual distribution of physicians in this cohort.

	<u>ORC Estimates</u>	<u>Sample Distribution</u>
General practice	26%	23%
Internal medicine	33	33
Obstetrics/gynecology	19	20
Pediatrics	22	24

A. BACKGROUND CHARACTERISTICS

Demographics

	<u>Practicing Physicians</u>			<u>Residents</u> N=106
	<u>Total</u> N=216	<u>Metropolitan</u> N=116	<u>Nonmetropolitan</u> N=100	
Under 25 years	0%	0%	0%	1%
25, 26	0	0	0	11
27, 28	6	10	2	36
29, 30	6	9	3	23
31, 32	11	9	13	19
33, 34	16	15	17	7
35, 36	18	18	17	2
37, 38	22	19	25	1
39, 40	21	20	23	0
Male	90%	87%	93%	89%
Female	10	13	7	11
Married	84%	77%	93%	69%
Divorced	3	3	1	3
Separated	1	3	0	1
Single, never married	12	17	6	27
No children	21%	28%	14%	54%
One	12	13	12	22
Two	32	28	36	13
Three	20	16	24	4
Four	7	6	9	0
Five children or more	5	4	5	0
Not reported	3	5	0	7
White	85%	85%	85%	88%
Black	1	2	1	3
Other, not reported	14	13	14	9
Born in the United States	81%	84%	79%	87%
Born elsewhere	19	16	21	13

Medical Credentials

	<u>Practicing Physicians</u>			<u>Residents</u> N=106
	<u>Total</u> N=216	<u>Metropolitan</u> N=116	<u>Nonmetropolitan</u> N=100	
General practice	22%	19%	26%	0%
Internal medicine	33	33	32	66
Obstetrics/gynecology	19	22	17	14
Pediatrics	24	23	24	19
Other	2	3	1	1
Board certified	58%	61%	54%	14%
Board eligible	24	22	26	33
Partially trained	8	9	7	52
No specialty training	10	8	12	1
Not reported	*	0	1	0
Attended U.S. medical school	83%	84%	81%	87%
Attended foreign medical school	17	16	19	13

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Medical Practice

	<u>Practicing Physicians</u>			<u>Residents</u> N=106
	<u>Total</u> N=216	<u>Metropolitan</u> N=116	<u>Nonmetropolitan</u> N=100	
Private practice	36%	24%	49%	0%
Group practice	37	33	42	0
Hospital employee	12	19	5	92
Other (mainly academic)	17	28	4	8

Note: In this and some of the following tables, distributions may add to more than N because of multiple responses.

Number of Patients in an
Average Week

Less than 50	14%	24%	3%	42%
50 - 99	22	23	21	26
100	13	15	10	11
101 - 149	20	18	23	8
150	11	7	15	6
151 - 199	6	4	8	0
200 or more	14	9	19	4
Not reported	*	0	1	3

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B. MILITARY MEDICAL EXPERIENCE

As can be noted in the facing table, a majority of practicing physicians have served in the military, and of these, most have served as physicians. Among those not having military experience, less than a third report having considered a military medical practice at one time or another.

Residents, being somewhat younger, typically do not have military experience. Only one in five reports ever having been in military service. Slightly more than one in three of those not having military experience report ever having considered a military medical practice.

In dealing with satisfaction toward the military experience, we can see that, among practicing physicians, those currently practicing in urban areas are more likely than their nonmetropolitan counterparts to report great satisfaction, though the difference is not statistically significant.

Number of Physicians Who Served in or Considered a Military
Medical Practice

	N	<u>Have Served In Military Service</u>		<u>Have Not Served in Military Service Considered</u>		
		<u>Practiced Medicine</u>	<u>Did Not</u>	<u>Medical Practice</u>	<u>Did Not</u>	<u>Not Reported</u>
Practicing physicians	216	50%	7	12	25	6
Metropolitan	116	44%	8	10	32	6
Nonmetropolitan	100	56%	6	15	18	5
General practice	48	59%	6	6	21	8
Internal medicine	70	44%	9	10	33	4
Ob/Gyn	42	69%	9	5	17	0
Pediatrics	51	33%	2	28	27	10
Favorability toward military ^{1/}						
High	54	65%	9	13	4	9
Neutral	37	46%	5	11	35	3
Low	123	44%	6	13	32	5
Residents	106	12%	7	28	51	2
Internal medicine	70	16%	4	23	54	3
Ob/Gyn	15	7%	20	33	40	0
Pediatrics	20	5%	0	45	50	0
Favorability toward military						
High	28	25%	11	39	25	0
Neutral	20	0%	5	55	30	10
Low	58	10%	5	14	71	0

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Satisfaction with Military Service

	<u>Practicing Physicians</u>			<u>Residents N=20</u>
	<u>Total N=122</u>	<u>Metropolitan N=60</u>	<u>Nonmetropolitan N=62</u>	
Completely satisfied	7%	8%	7%	15%
Mostly satisfied	45	52	39	20
Somewhat satisfied	10	8	11	25
Neutral	9	7	11	10
Somewhat dissatisfied	12	10	15	10
Mostly dissatisfied	8	5	11	15
Completely dissatisfied	6	5	6	5
Not reported	3	5	0	0

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^{1/} This refers to personal favorability toward 2-5 years service. High favorability is used for scale points 7-10, low favorability for scale points 1 to 4. See P. II-12 for further discussion of the scale.

The single greatest reason for physicians' leaving the military is the type of military atmosphere in which they must practice their profession. A very surprising finding, however, is that nonmetropolitan physicians are almost three times as likely as their metropolitan counterparts to cite low pay as the reason for leaving the military.

Reasons Given by Physicians for Leaving Military
Medical Practice

<u>Principal Reasons</u>	<u>Practicing Physicians</u>			<u>Residents</u> N=13
	<u>Total</u> N=107	<u>Metropolitan</u> N=51	<u>Nonmetropolitan</u> N=56	
Object to military atmosphere	47%	43%	50%	15%
Low pay scale	27	14	39	15
Frequent moves	22	22	23	23
Preferred private practice	20	27	12	0
Couldn't choose location	18	16	20	15
Lack of freedom to practice specialty	12	12	12	8
Wanted to complete training	12	12	12	46
Lack of freedom to make medical decisions	11	8	14	23

Reasons Given for Considering Practicing Medicine in the Military

<u>Principal Reasons</u>	<u>Practicing Physicians N=27</u>	<u>Residents N=30</u>
Good benefits	15%	17%
Opportunity to travel	15	13
Freedom from responsibilities	15	7
Security	15	3
For the money	11	33
Experience	11	17
Reasonable hours	11	10
Malpractice situation	11	10
To defer career decisions	7	13
Financial help for education	7	10

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Reasons Given for Not Acting Favorably on This Consideration

<u>Principal Reasons</u>	<u>Practicing Physicians N=27</u>	<u>Residents N=30</u>
Specific advantages in private practice	37%	30%
Want to be my own boss	19	27
Don't want to move around	15	13
Problem being with husband/wife	15	10
Not acceptable, rejected	15	0
Haven't decided yet	7	23

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Reasons Given for Not Considering a Military Practice

<u>Principal Reasons</u>	<u>Practicing Physicians N=55</u>	<u>Residents N=54</u>
Specific advantages in private practice	44%	31%
Want to be my own boss	33	57
Don't want to move around	18	4
Not acceptable, rejected	13	4
Had other alternatives	7	4
Prefer academic atmosphere	5	2
Anti-military	5	15

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C. KNOWLEDGE ABOUT MILITARY MEDICAL PRACTICE

When physicians were asked to rate on the five-point scale (with 5 being highest) how much they think they know about a military medical practice, the following scores were obtained. The slight differences between categories are not statistically significant, and in general, it might be stated that physicians consider themselves to be somewhat knowledgeable about a military medical practice.

Average Scores for Perceived Amount of Knowledge About a
Military Medical Practice

	<u>N</u>	<u>Average Score</u>
Practicing physicians	216	3.5
Metropolitan	116	3.4
Nonmetropolitan	100	3.7
General practice	48	3.5
Internal medicine	70	3.5
Ob/Gyn	42	3.9
Pediatrics	51	3.3
Favorability toward military		
High	54	3.9
Neutral	37	3.2
Low	123	3.5
Residents	106	3.1
Internal medicine	70	3.1
Ob/Gyn	15	2.9
Pediatrics	20	3.3
Favorability toward military		
High	28	3.0
Neutral	20	3.2
Low	58	3.2

As can be seen in the table below, the single most important source of information about a military medical practice is physicians who have been in military practice. Notice that the next most important sources of information, particularly among residents, are physicians who are now in military service.

In secondary position on the list is advertising, whether it is in professional journals or in brochures. This may indicate the need for recruiting campaigns using personal testimonials from physicians or some other such techniques.

The data may be suggesting one more thing. That is, printed materials may not be as effective as information delivered in some other manner.

Sources of Information About Military Medical Practice

<u>Principal Sources</u>	<u>Total N=216</u>	<u>Practicing Physicians</u>		<u>Residents N=106</u>
		<u>Metropolitan N=116</u>	<u>Nonmetropolitan N=100</u>	
Physicians who have been in military practice in the past	62%	62%	62%	73%
Physicians now in military service	41	39	44	53
Personal experience	39	34	45	14
Advertisements in professional journals	37	39	34	45
Brochures put out by the Navy	27	28	26	45
Brochures put out by the Air Force	20	18	23	35
Brochures put out by the Army	19	20	19	41

Having asked physicians about how much they think they knew, we next proceeded to administer a short test of knowledge on an item-by-item basis. Presented on the facing page are 10 knowledge areas we felt to be important to a physician considering a possible military practice. These areas range from a knowledge of the current salary range available to physicians to the length of time involved in the minimum active duty obligation.

The greatest misinformation or lack of information involves the current salary range for physicians. Most physicians, when given four salary options to choose from, selected as the correct answer salary ranges lower than that offered today by the military.

Other knowledge gaps noted among practicing physicians and residents revolved about the amount of retirement benefits currently available, and, in addition, residents seem to lack knowledge that the retirement plan currently is noncontributory on the part of physicians.

Measured Knowledge Among Physicians About a Military Medical Practice

	Practicing Physicians			% Correct Residents N=106
	Total N=216	Metropolitan N=116	Nonmetropolitan N=100	
Salary range	21	22	20	26
Amount of retirement benefits	64	62	67	54
Nontaxable housing allowance	71	71	72	81
Negotiability of initial assignment	75	76	73	76
Lack of malpractice liability	75	72	78	80
Noncontributory retirement plan	(75)	72	79	(58)
Promotions	76	76	76	75
Rank upon entry	79	80	78	78
Amount of paid annual leave	85	82	88	77
Minimum active duty obligation	89	87	92	86
Mean number of correct items	7.1	7.2	7.1	6.9

D. FAVORABILITY/DISINCENTIVES

Physicians were asked to rate their favorability toward the military in three different ways.

- Favorability toward the military, in general
- Personal favorability toward 2-5 years service
- Personal favorability toward a military career (20 yrs.)

Using a ten-point scale respondents selected a point from one to ten, representing their degree of favorability. The value one appeared at the unfavorable end of the scale, ten at the favorable end. Favorability scores for each population subgroup are calculated by adding the number of respondents selecting each point weighted by the value of that point, and then dividing by the total number of respondents.

First of all, it is important to note the disparity between favorability toward the military as a "philosophical" concept versus "for me."

Practicing physicians and residents are also much more favorable toward the possibility of a 2-5 year military tour of duty than they are toward a military career.

Practicing physicians are more likely to be recruited for military service among those who are already favorable toward the military, those in non-metropolitan areas, those physicians interested in high personal benefits, those most interested in the professional aspects of medicine, and those having previous military experience.

Residents who regard military salaries as adequate or better are more favorable toward a military practice than are residents who are not as pleased with military salaries. This does not seem to be the case among practicing physicians, however. Here there are no significant favorability differences between those who would be pleased versus those who would not be pleased with the entry salary. This indicates, we feel, that the aspect of pay is a complex issue, not only within the personal benefits category, but within the total context of all variables which enter into career choices for physicians.

Residents who are most likely candidates are favorable toward the military, regard the salary favorably, are high in professionalism, and seek high personal benefits.

Weighted Scores for Favorability Toward Military Service

	N	Favorability Scores		
		Military In General	Military For 2-5 Years	Medical For 20 Years
Practicing physicians	216	5.5	4.2	3.0
Metropolitan	116	5.2	3.9	2.7
Nonmetropolitan	100	5.7	4.6	3.4
General practice	48	5.1	4.4	3.3
Internal medicine	70	5.4	3.6	3.0
Ob/Gyn	42	5.6	4.3	2.6
Pediatrics	51	5.8	4.7	3.0
Private practice	77	5.7	4.4	3.5
Group	80	5.5	4.4	3.1
Institutional	61	5.0	3.7	2.2
Personal benefits score ^{1/}				
High	118	5.8	4.8	3.3
Low	98	5.0	3.5	2.6
Professionalism score ^{1/}				
High	123	5.7	4.4	2.9
Low	93	5.1	4.0	3.2
Military entry salary				
Acceptable or very adequate	131	5.4	4.1	2.8
Low or unacceptable	85	5.6	4.4	3.3
Favorability toward military				
High	54	7.2	8.1	5.3
Neutral	37	5.5	5.5	3.1
Low	123	4.7	2.1	2.0
Military medical experience	107	5.7	4.6	3.0
No military medical experience	109	5.2	3.8	3.0
Residents	106	4.8	4.3	2.9
Internal medicine	70	4.7	4.1	2.7
Ob/Gyn	15	5.1	5.5	3.3
Pediatrics	20	4.8	4.2	3.2
Personal benefits score				
High	51	5.0	4.7	3.0
Low	55	4.6	4.0	2.7
Professionalism score				
High	55	5.2	4.9	3.4
Low	51	4.3	3.7	2.3
Military entry salary				
Acceptable or very adequate	84	4.8	4.6	3.0
Low or unacceptable	22	4.7	3.4	2.5
Favorability toward military				
High	28	6.7	7.9	5.2
Neutral	20	5.1	5.4	2.9
Low	58	3.8	2.2	1.7

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^{1/} See P. I-1 for a description of how these categories were derived.

The factors mitigating against a military medical practice for practicing physicians and residents are listed on the facing page.

Practicing physicians cite a frequent relocation problem as their most important objection to a military medical practice while residents, being somewhat younger in our sample, cite their dislike for military discipline.

Almost no differences can be found between metropolitan and nonmetropolitan practicing physicians.

Weighted Scores for Not Wanting To
Practice in the Military

	<u>Practicing Physicians</u>			<u>Residents</u> <u>N=106</u>
	<u>Total</u> <u>N=216</u>	<u>Metropolitan</u> <u>N=116</u>	<u>Nonmetropolitan</u> <u>N=100</u>	
Would have to move my family around too much	3.4	3.3	3.5	3.0
Dislike military discipline	3.0	3.0	3.0	3.2
Would lose control of the kinds of cases I'd take	2.9	3.0	2.9	3.1
Practice would be more adminis- trative than clinical	2.9	2.8	2.9	2.8
Could not control the type of treatment I prescribe	2.7	2.8	2.7	2.6
Could not control my training in a specialty	2.5	2.7	2.4	2.9
Object to concept of rank	2.6	2.6	2.6	2.8
Don't like to wear a uniform	2.4	2.5	2.3	2.6
Fear that confidentiality in doctor-patient relationships could break down	2.4	2.3	2.4	2.3
Don't want to go through rigor- ous physical training	1.8	1.8	1.7	1.8

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E. CAREER ELEMENTS

In making a decision about a medical career, physicians were asked to rate the importance of the following career elements. Presented on the facing page are the rank orders of the perceived importance of each of these elements.

Perhaps one of the most striking findings of this study is that, in terms of career decisions, the most positive aspects offered by the military are regarded as of comparatively little importance by physicians. Among these are a "regulated" work week, early retirement, travel, a month's vacation, promotions, and freedom from malpractice worries.

Among the most important aspects of a career decision are freedom to make decisions, worthwhile accomplishment, living where one likes, being with respected professionals, and continued training opportunities.

On the following several pages the results of a discrepancy analysis are presented. First of all, physicians rated each of the career items on an important-unimportant scale.

They were then asked, "Compared to my practice, a military practice would be. . .

- Much better
- Somewhat better
- About the same
- Somewhat poorer
- Much poorer"

With the middle category removed, results are presented in terms of important vs. nonimportance and better vs. poorer in the military.

Of concern are career elements rated high in importance and how they are perceived in the military relative to physicians' own civilian practices.

Note: In the comparative analysis tables that follow, and in similar tables throughout the report, percentage distributions will not add to 100% because the middle category, "about the same," is not included.

Rank Order of Importance of Medical Career Elements

	<u>Practicing Physicians</u>	<u>Residents</u>
Making your own decisions, in general	1	3
Having a chance to feel you are really accomplishing something worthwhile	2	1.5
Having a job which allows you to live in the kind of community or area you want	3	4
Being associated with professionals you respect	4	1.5
Having a chance to continue your education and training	5	6
Having a varied and challenging practice	6	5
Developing a meaningful, continued relationship with your patients	7	8
Having modern, up-to-date medical equipment	8	7
Being able to attend professional conferences	9	9
Being treated with respect and consideration	10	10
Having a good retirement program	11.5	12.5
Having a good income	11.5	14
Being free of worry about malpractice suits	13	11
Having an opportunity to advance or get promoted	14	16
Being able to take a month's vacation every year	15	12.5
Being able to hire and fire members of your staff	16	19
Being free of pressure from patient overload	17	18
Having a position of prestige in the community	18	20
Having an opportunity to travel	19	15
Being free of administrative responsibility	20	17
Being able to retire at an early age	21	21.5
Working a 40-hour week	22	21.5

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Note: Rank order 1 is assigned to the career element that has the largest number of "very important" responses.

Comparative Analysis -- Importance of
Career Elements vs. Their Presence in
Nonmilitary and Military Practice

		Practicing Physicians N=216		Residents N=106	
		<u>%</u> <u>Important</u>	<u>% Not</u> <u>Important</u>	<u>%</u> <u>Important</u>	<u>% Not</u> <u>Important</u>
Making your own decisions, in general	% Better in Military	4	0	3	0
	% Poorer in Military	79	0	73	0
Having a chance to feel you are really accomplishing something worthwhile	Better in Military	4	0	4	1
	Poorer in Military	50	*	48	0
Having a job which allows you to live in the kind of community or area you want	Better in Military	4	0	7	0
	Poorer in Military	77	*	72	1
Being associated with professionals you respect	Better in Military	9	*	4	1
	Poorer in Military	52	0	50	0
Having a chance to continue your education and training	Better in Military	27	0	32	0
	Poorer in Military	18	0	24	0
Having a varied and challenging practice	Better in Military	4	0	5	0
	Poorer in Military	48	*	51	0
Developing a meaningful, continued relationship with your patients	Better in Military	4	0	4	2
	Poorer in Military	61	*	53	0
Having modern, up-to-date medical equipment	Better in Military	26	*	23	0
	Poorer in Military	20	0	8	0

(Continued on next page)

Comparative Analysis -- Importance of
Career Elements vs. Their Presence in
Nonmilitary and Military Practice (Cont'd)

		Practicing Physicians N=216		Residents N=106	
		<u>%</u> <u>Important</u>	<u>% Not</u> <u>Important</u>	<u>%</u> <u>Important</u>	<u>% Not</u> <u>Important</u>
Being able to attend professional confer- ences	% Better in Military	36	1	42	0
	% Poorer in Military	12	*	9	0
Being treated with respect and considera- tion	Better in Military	9	0	8	1
	Poorer in Military	28	0	20	0
Having a good retire- ment program	Better in Military	33	6	42	8
	Poorer in Military	(17)	0	(4)	0
Having a good income	Better in Military	6	*	7	3
	Poorer in Military	(57)	1	(42)	0
Being free of worry about malpractice suits	Better in Military	53	7	57	8
	Poorer in Military	2	*	0	0
Having an opportunity to advance or get promoted	Better in Military	23	4	16	6
	Poorer in Military	13	1	7	0
Being able to take a month's vacation every year	Better in Military	25	7	42	7
	Poorer in Military	6	*	0	1

(Continued on next page)

Comparative Analysis -- Importance of
Career Elements vs. Their Presence in
Nonmilitary and Military Practice (Cont'd)

		Practicing Physicians N=216		Residents N=106	
		% Important	% Not Important	% Important	% Not Important
Being able to hire and fire members of your staff	% Better in Military	4	1	1	2
	% Poorer in Military	45	9	47	8
Being free of pressure from patient overload	Better in Military	27	10	37	8
	Poorer in Military	10	2	5	2
Having a position of prestige in the community	Better in Military	3	2	2	1
	Poorer in Military	26	5	23	4
Having an opportunity to travel	Better in Military	31	15	42	9
	Poorer in Military	8	*	9	1
Being free of adminis- trative responsibility	Better in Military	16	7	24	5
	Poorer in Military	20	3	12	2
Being able to retire at an early age	Better in Military	22	37	19	47
	Poorer in Military	2	0	0	3
Working a 40-hour week	Better in Military	16	41	20	54
	Poorer in Military	3	1	0	1

Comparative Analysis -- Importance of
Career Elements vs. Their Presence in
Nonmilitary and Military Practice

		Metropolitan Physicians N=116		Nonmetropolitan Physicians N=100	
		% Important	% Not Important	% Important	% Not Important
Making your own decisions, in general	% Better in Military	3	0	6	0
	% Poorer in Military	80	0	78	0
Having a chance to feel you are really accomplishing something worthwhile	Better in Military	3	0	4	0
	Poorer in Military	44	0	56	1
Having a job which allows you to live in the kind of community or area you want	Better in Military	2	0	6	0
	Poorer in Military	81	1	72	0
Being associated with professionals you respect	Better in Military	3	0	15	1
	Poorer in Military	59	0	63	0
Having a chance to continue your education and training	Better in Military	25	0	29	0
	Poorer in Military	20	0	15	0
Having a varied and challenging practice	Better in Military	3	0	4	0
	Poorer in Military	54	1	41	0
Developing a meaningful, continued relationship with your patients	Better in Military	3	0	4	0
	Poorer in Military	59	1	63	0

(Continued on next page)

Comparative Analysis -- Importance of
Career Elements vs. Their Presence in
Nonmilitary and Military Practice (Cont'd)

		Metropolitan Physicians N=116		Nonmetropolitan Physicians N=100	
		<u>%</u> <u>Important</u>	<u>% Not</u> <u>Important</u>	<u>%</u> <u>Important</u>	<u>% Not</u> <u>Important</u>
Having modern, up-to-date medical equipment	% Better in Military	23	0	29	1
	% Poorer in Military	24	0	16	0
Being able to attend professional conferences	Better in Military	37	0	34	3
	Poorer in Military	8	1	16	0
Being treated with respect and consideration	Better in Military	9	0	8	0
	Poorer in Military	23	0	33	0
Having a good retirement program	Better in Military	36	5	30	7
	Poorer in Military	16	0	18	0
Having a good income	Better in Military	6	0	6	1
	Poorer in Military	53	2	62	1
Being free of worry about malpractice suits	Better in Military	50	9	57	6
	Poorer in Military	2	0	2	1
Having an opportunity to advance or get promoted	Better in Military	(17)	3	(30)	5
	Poorer in Military	(19)	1	(7)	1
Being able to take a month's vacation every year	Better in Military	27	5	22	9
	Poorer in Military	7	0	4	1

(Continued on next page)

Comparative Analysis -- Importance of
Career Elements vs. Their Presence in
Nonmilitary and Military Practices (Cont'd)

		Metropolitan Physicians N=116		Nonmetropolitan Physicians N=100	
		% Important	% Not Important	% Important	% Not Important
Being able to hire and fire members of your staff	% Better in Military	4	2	3	1
	% Poorer in Military	46	6	44	13
Being free of pressure from patient overload	Better in Military	27	11	27	8
	Poorer in Military	8	2	13	3
Having a position of prestige in the community	Better in Military	4	1	2	3
	Poorer in Military	24	8	28	2
Having an opportunity to travel	Better in Military	33	13	28	18
	Poorer in Military	11	1	4	0
Being free of adminis- trative responsibility	Better in Military	15	7	17	7
	Poorer in Military	20	3	20	4
Being able to retire at an early age	Better in Military	19	41	25	33
	Poorer in Military	3	0	1	0
Working a 40-hour week	Better in Military	15	41	18	40
	Poorer in Military	4	0	1	3

F. CONDITIONS OF MILITARY MEDICAL PRACTICE

When physicians were asked the importance of a predetermined list of conditions, they rated them as shown on the facing page. Heading this list for both practicing physicians and for residents is the negotiability of the initial assignment. Also receiving high ratings are the retirement plan, the amount of paid annual leave, lack of malpractice liability, and salary range.

Weighted Scores for Importance of Conditions in a
Military Medical Practice

	Practicing Physicians			Residents N=106
	Total N=216	Metropolitan N=116	Nonmetropolitan N=100	
Negotiability of initial assignment	3.6	3.5	3.6	3.6
Retirement plan aspects	3.2	3.2	3.2	3.0
Amount of paid annual leave	3.1	3.2	3.1	3.1
Lack of malpractice liability	3.2	3.1	3.2	3.1
Salary range	3.1	3.1	3.1	3.0
Nontaxable housing allowance	3.1	3.1	3.0	2.9
Promotions	2.8	2.8	2.8	2.4
Minimum active duty obligation	2.6	2.7	2.4	2.8
Rank upon entry	2.5	2.4	2.5	2.4

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On the facing page are the results of a special analysis which compares the importance of a particular aspect of a military medical practice with a knowledge of its availability. The greatest problem, in terms of recruiting, is in the cell denoting importance but lack of knowledge of the availability of a particular condition. Here, publicity and advertising is the conventional remedy.

Where importance and knowledge are indicated, this would normally enhance recruiting.

Where unimportance is attributed to a condition, it is irrelevant whether knowledge exists or does not exist. There is a clue in this information, however, that the condition involved ought not to be stressed in future recruiting.

Comparative Analysis -- Importance of Specific
Conditions of Military Medical Practice vs. Knowledge
of the Conditions

		Practicing Physicians N=216		Residents N=106	
		% Important	% Not Important	% Important	% Not Important
Salary range	% Correct	18	3	21	6
	% Incorrect	61	16	57	15
Retirement plan aspects (50% of base pay)	Correct	52	12	42	11
	Incorrect	24	6	30	8
Negotiability of initial assignment	Correct	67	7	72	5
	Incorrect	23	1	21	1
Nontaxable housing allowance	Correct	54	17	56	25
	Incorrect	19	6	13	4
Lack of malpractice liability	Correct	57	18	58	22
	Incorrect	17	4	15	2
Retirement plan aspects (noncontributory)	Correct	59	16	49	9
	Incorrect	16	3	24	10
Amount of paid annual leave	Correct	66	19	67	10
	Incorrect	(11)	2	(20)	1
Promotions	Correct	(53)	(23)	(38)	(37)
	Incorrect	11	9	12	11
Rank upon entry	Correct	39	40	45	33
	Incorrect	8	11	8	13
Minimum active duty obligation	Correct	50	39	57	29
	Incorrect	5	5	10	3

Special tabulation

The adequacy of the entry salary for physicians is discussed on the facing page.

The weighted score was obtained by applying weights, as follows, to respondents' answers to the question: "Considering all that the military currently offers physicians, how adequate do you consider the entry salary of \$30,000-\$35,000 per year to be?"

	<u>Weight</u>
Very adequate	4
Acceptable	3
A bit low	2
Totally unacceptable	1

As can be noted, very few differences occur among the categories listed. The average scores of 2.8 - 3.1 can be summarized as more or less acceptable.

Weighted Scores for Adequacy of Physicians'
Entry Salary

	<u>N</u>	<u>Weighted Score</u>
Practicing physicians	216	2.8
Metropolitan	116	2.8
Nonmetropolitan	100	2.7
General practice	48	2.9
Internal medicine	70	2.7
Ob/Gyn	42	2.4
Pediatrics	51	2.9
Personal benefits score		
High	118	2.7
Low	98	2.9
Professionalism score		
High	123	2.6
Low	93	2.9
Favorability toward military		
High	54	2.8
Neutral	37	2.4
Low	123	2.9
Residents	106	3.1
Internal medicine	70	3.1
Ob/Gyn	15	2.9
Pediatrics	20	3.5
Personal benefits score		
High	51	3.0
Low	55	3.2
Professionalism score		
High	55	3.0
Low	51	3.3
Favorability toward military		
High	28	3.3
Neutral	20	3.1
Low	58	3.1

The table at the top of the facing page presents a summary of the actual physicians' ratings of the entry salary. Three out of five practicing physicians and four out of five residents regard it as being adequate or better.

Physicians who characterized the entry salary less than "very adequate" were asked to reconsider the salary if other changes (other than salary) were made in the military. When this was done, almost 3 out of 4 of the original sample of practicing physicians and seven out of eight residents considered the entry salary adequate or better.

Among those physicians who say they would look at salary more favorably if other changes were made are the following suggestions:

- Give physicians a choice of locations
- Increase benefits other than salary

Adequacy of Physicians' Entry Salary

	Practicing Physicians			Residents N=106
	Total N=216	Metropolitan N=116	Nonmetropolitan N=100	
Very adequate	25%	25%	26%	34%
Acceptable	35	42	27	45
A bit low	29	25	33	20
Totally unacceptable	11	8	14	1

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Adequacy of Salary If Important Changes Were
Made in Conditions of Military Practice

	Practicing Physicians			Residents N=70
	Total N=161	Metropolitan N=87	Nonmetropolitan N=74	
Very adequate	11%	13%	8%	9%
Acceptable	53	60	46	73
A bit low	25	16	35	18
Totally unacceptable	10	9	11	0
Not reported	1	2	0	0

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Note: This question was not asked of physicians whose initial opinion of the entry salary is "very adequate."

Necessary Changes Named by Physicians Who
Say Their Rating of the Entry Salary
Would Improve If Changes Were Made

<u>Principal Changes</u>	Practicing Physicians N=49	Residents N=16
Choice of location	24%	25%
Increased benefits other than salary	20	19
Permanence of location	16	19
Less military atmosphere	12	13
Freedom to make own medical decision	10	19

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G. PROBABILITIES OF ENTERING MILITARY MEDICAL PRACTICE

The probability of a physician's entering the military was assessed both before and after he/she was presented with the facts contained in the preceding knowledge series. Among these facts were knowledge of salary, rank, retirement benefits, etc.

It can be seen that the effect of this knowledge had very little impact on the likelihood of a physician's joining the military. Among practicing physicians, the probability of joining increased from .13 to .15, and among residents, the probability increased from .20 to .22.

Weighted Probabilities of Physicians' Entering Military Practice

	N	<u>Weighted Probability (In Percent)</u>	
		<u>Before Facts</u>	<u>After Facts</u>
Practicing physicians	216	13	15
Metropolitan	116	10	12
Nonmetropolitan	100	15	19
General practice	48	12	15
Internal medicine	70	12	13
Ob/Gyn	42	11	13
Pediatrics	51	15	19
Personal benefits score			
High	118	15	19
Low	98	9	11
Professionalism score			
High	123	13	16
Low		12	14
Military entry salary			
Acceptable or very adequate	131	12	14
Low or unacceptable	85	14	18
Favorability toward military			
High	54	23	27
Neutral	37	14	18
Low	123	8	9
Residents	106	20	22
Internal medicine	70	18	19
Ob/Gyn	15	25	27
Pediatrics	20	20	25
Personal benefits score			
High	51	24	27
Low	55	15	17
Professionalism score			
High	55	21	24
Low	51	18	19
Favorability toward military			
High	28	30	35
Neutral	20	33	35
Low	58	10	11

The same data that were presented on the previous page are broken down differently here. Presented is a breakdown of actual probabilities of joining and the number of physicians selecting a given probability.

The small number of physicians who state that the probability of their joining is 50% or higher list the following service preferences: Practicing physicians overwhelmingly choose the Air Force; residents exhibit no clear-cut preference. Implications based on these results should be tempered by the small numbers of physicians expressing these preferences.

Probability of Physicians' Entering Military Practice

	Practicing Physicians N=216		Residents N=106	
	<u>Before Facts</u>	<u>After Facts</u>	<u>Before Facts</u>	<u>After Facts</u>
<u>Probabilities</u>				
0%	43%	39%	24%	23%
10%	29	28	31	28
20%	12	13	18	18
30%	8	7	8	9
40%	4	5	5	6
50%	1	3	6	5
60%	1	1	3	4
70%	2	4	2	3
80%	*	0	1	2
90%	0	*	1	1
100%	*	*	1	1

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Branch Preference of Physicians Who Say
Their Probability of Entering Military Is 50%
or Higher

	Practicing Physicians N=12	Residents N=14
Air Force	66%	21%
Army	17	29
Navy	0	29
Don't know	17	21

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The actual magnitude of changes in probability of joining is reflected in the table to the right. As can be seen, very little impact, for the most part, can be attributed to the increased knowledge of actual current conditions in the military.

The knowledge that in most cases initial location assignments can be negotiated prior to enlistment is cited most frequently as the fact responsible for increased probabilities of physicians' joining the military.

Magnitude of Changes in Probabilities, After Facts Are Known

<u>Probability Change</u>	<u>Practicing Physicians N=32</u>	<u>Residents N=16</u>
Negative	3%	6%
Positive		
10 percentage points	50	50
20	22	38
30	19	0
40	3	0
50	3	6

P. 30,34 Special tabulation

Facts That Cause Positive Changes in Probabilities

	<u>Practicing Physicians N=31</u>	<u>Residents N=16</u>
Negotiability of location assignment	71%	63%
Retirement plan aspects	48	44
Lack of malpractice liability	45	38
Salary range	39	50
Minimum active duty obligation	29	19
Nontaxable housing allowance	29	6
Promotions	26	13
Amount of paid annual leave	23	31
Rank upon entry	6	0

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When presented with a list of possible changes other than conditions which currently exist, physicians recorded increases in probability of joining the military as shown on the facing page. The table at the top of the page deals with changes inside the military, while the table at the bottom of the page deals with changes outside the military services.

It is quite clear that, in order to attract greater numbers of physicians, the military is going to have to resort to internal changes rather than count on societal changes such as socialized medicine or huge increases in the cost of malpractice insurance in a civilian medical practice.

Perceived Effects of Internal Changes on
Probabilities of Entering Military Practice

<u>Probabilities Would Increase with This Change</u>	<u>Practicing Physicians</u>			<u>Residents N=106</u>
	<u>Total N=216</u>	<u>Metropolitan N=116</u>	<u>Nonmetropolitan N=100</u>	
Choice to stay permanently in one location	86%	84%	89%	89%
Option to leave service if dissatisfied with location assignment	(80)	81	79	(91)
Contract health care delivery system	70	77	62	70
Physicians in civil service chain of command	(56)	55	58	(70)
Six month probationary period with option to leave	55	57	52	66
Physicians not required to wear uniforms	41	47	35	50

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Perceived Effects of External Changes on
Probabilities of Entering Military Practice

<u>Probabilities Would Increase with This Change</u>	<u>Practicing Physicians</u>			<u>Residents N=106</u>
	<u>Total N=216</u>	<u>Metropolitan N=116</u>	<u>Nonmetropolitan N=100</u>	
Introduction of socialized medicine in U.S.	49%	48%	50%	42%
Malpractice insurance up 50% or more	36	36	35	44
Peer review stepped up	16	11	21	17

P. 38A-C

After a great deal of exploration of possible changes which might increase the probability of physicians' joining the military, one final open-ended question was asked in an effort to determine if any important factors might have been overlooked. The results on the next page indicate that none had.

Changes mentioned represent nothing that had not previously been explored. Most important changes again tend to involve location, even though increased income is mentioned by almost one in four.

Changes Named (Without Prompting) That Might
Increase Probabilities of Entering Military

<u>Principal Changes</u>	<u>Practicing Physicians</u>			<u>Residents</u> N=106
	<u>Total</u> N=216	<u>Metropolitan</u> N=116	<u>Nonmetropolitan</u> N=100	
Permanence of location	(24%)	21%	28%	(9%)
Increased income	(23)	22	24	(12)
Choice of location	22	23	21	16
Less military atmosphere	17	17	16	17
Freedom to make own medical decision	12	10	14	8
Freedom to practice specialty trained for	10	8	13	12
Provide services through non-military contracts	6	7	5	3
Freedom from administrative duties	6	6	5	2
Correct patient overload	5	4	6	2

H. INFLUENCERS

The table at the top of the facing page indicates that, for practicing physicians, their spouse and parents are the greatest sources of influence in career decision matters. Residents, on the other hand, list their parents, but this is probably due to the fact that residents in our sample were younger and not as likely to be married as their practicing physician counterparts.

For residents, advice received from influencers concerning military practice appears to be equally balanced between favorable and unfavorable positions. Practicing physicians, on the other hand, seem to have received a preponderance of advice negative toward the military, and the data would indicate that this involves the advice received from a spouse.

H. INFLUENCERS

Career Decision Influencers

	<u>Practicing Physicians' Influencers</u>			<u>Residents' Influencers</u> N=191
	<u>Total</u> N=351	<u>Metropolitan</u> N=177	<u>Nonmetropolitan</u> N=174	
Spouse	30%	23%	37%	20%
Parent	26	30	22	29
Friend	15	16	14	20
Teacher	15	18	11	18
Other relative	5	6	4	8
Other	9	7	10	6
Physician influencer in military now	6%	6%	6%	6%
Physician influencer had military medical experience	10	11	10	15
Physician influencer had no military medical experience	12	14	10	19
Influencer was not a physician	64	66	63	57

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Nature of Influencers' Advice

	<u>Practicing Physicians' Influencers</u>			<u>Residents' Influencers</u> N=191
	<u>Total</u> N=351	<u>Metropolitan</u> N=177	<u>Nonmetropolitan</u> N=174	
Advice involved consideration of military practice	24%	20%	28%	22%
Did not	68	73	62	75
Don't remember	8	7	10	3
Advice involved consideration of military practice	<u>N=83</u>	<u>N=35</u>	<u>N=48</u>	<u>N=41</u>
Very favorable advice	11%	11%	10%	15%
Somewhat favorable	17	26	11	27
Neutral	12	17	8	17
Somewhat unfavorable	33	17	44	29
Very unfavorable	25	26	25	12
Don't remember	2	3	2	0

P. 26A-C, 27A-C

Approximately one out of three physicians reports having talked with a military recruiter. Interestingly enough, physicians from non-metropolitan areas are more likely to have talked with a recruiter. It is not clear whether recruiters are wisely focusing on physicians in nonmetropolitan areas or whether these physicians, being more interested in military medical practice than their metropolitan counterparts, seek out recruiters for additional information.

Experience with Military Service Recruiters

	Practicing Physicians			Residents N=106
	Total N=216	Metropolitan N=116	Nonmetropolitan N=100	
Have talked with one or more recruiters	32%	26%	40%	34%
No experience with recruiter	68	74	60	66

Recruiter Characteristics

	Practicing Physicians' Recruiters N=82		Residents' Recruiters N=41	
Part of medical recruiter team	42%		56%	
General recruiter	22		20	
Nonrecruiter, but in military	18		17	
Other	17		5	
Don't remember	1		2	
Very favorable reaction to recruiter	18% }	49%	7% }	46%
Somewhat favorable	31 }		39 }	
Neutral	27		34	
Somewhat unfavorable	13 }	23%	10 }	17%
Very unfavorable	10 }		7 }	
No opinion	1		3	

P. 29A,B

III

MEDICAL AND OSTEOPATHY STUDENTS

This section presents the results of interviews with 160 medical students and 105 osteopathy students. Among medical students 44 interviews were conducted with third year students. All other medical and osteopathy students are in their senior year. The samples exclude students in an Armed Forces Scholarship Program.

Interviews were distributed approximately equally among each of the following schools of medicine or osteopathy:

University of Alabama, Birmingham
California State University, Los Angeles
Medical College of Georgia, Augusta
Northwestern University, Chicago
Boston University, Boston
Harvard University Vanderbilt Hall, Boston
University of New Mexico, Albuquerque
State University of Buffalo, New York
Downstate Medical College, Brooklyn
Jefferson Medical College, Philadelphia
University of Washington Medical School, Seattle
Michigan State University Medical School, Lansing
Case Western Reserve, Cleveland

Chicago College of Osteopathic Medicine, Chicago
Kansas City College of Osteopathic Medicine, Kansas City
Michigan State University, College of Osteopathic
Medicine, Detroit
College of Osteopathic Medicine and Surgery, Des Moines
Michigan State University, College of Osteopathic
Medicine, Lansing
Texas College of Osteopathic Medicine, Fort Worth

Two procedures were followed for the selection of individual students.

- 1- Wherever possible names were selected systematically at random from lists provided by the colleges.
- 2- In those colleges where a strict interpretation of the Privacy Act precluded the availability of student lists, interviewers stationed themselves at points on campus where eligible students would be expected to pass and applied a random selection procedure for approaching prospective respondents. Interviews were conducted in empty classrooms and other places where privacy was assured.

A. BACKGROUND CHARACTERISTICS

Demographics

	Medical Students N=160	Osteopathy Students N=105
Under 25 years	37%	16%
25, 26	45	40
27, 28	11	21
29, 30	4	14
31, 32	1	5
33, 34	1	2
35, 36	0	1
37, 38	1	1
39, 40	0	0
Not reported	*	0
Male	87%	88%
Female	12	9
Not reported	1	3
Married	42%	61%
Divorced	3	5
Single, never married	55	34
No children	86%	71%
One	5	16
Two	7	7
Three or more	0	3
Not reported	2	3
White	89%	96%
Black	2	2
Other, not reported	9	2
Born in the United States	96%	98%
Born elsewhere	4	1
Not reported	0	1
In 3rd year medical school	28%	6%
Senior year	72	94
Have served in military	4%	17%
Have not	96	83

Expectations for Medical Practice

	Medical Students N=160	Osteopathy Students N=105
General practice	10%	51%
Internal medicine	39	20
Obstetrics/gynecology	7	6
Pediatrics	11	7
Other	34	24
Not reported	1	1
Private practice	8%	17%
Group practice	72	74
Hospital employee	11	3
Other	9	5
Not reported	3	1

Desired Number of Patients
in an Average Week

Less than 50	13%	3%
50 - 99	29	7
100	16	9
101 - 149	6	13
150	10	12
151 - 199	3	10
200 or more	6	45
Not reported	17	1

MS. O. 40,41,43

B. MILITARY MEDICAL CONSIDERATION

The number of students in different categories who considered a military practice at one time are presented on the facing page.

Number of Students Who Considered a Military
Medical Practice

	<u>N</u>	<u>Considered Military</u>	<u>Did Not</u>	<u>Not Reported</u>
Medical students	160	35%	65	0
General practice	16	38%	62	0
Internal medicine	62	34%	66	0
Ob/Gyn	11	55%	45	0
Pediatrics	18	22%	78	0
Other	55	36%	64	
3rd year	44	41%	59	0
4th year	116	33%	67	0
Personal benefits score				
High	81	41%	59	0
Low	79	29%	71	0
Professionalism score				
High	77	35%	65	0
Low	83	35%	65	0
Favorability toward military				
High	18	78%	22	0
Neutral	33	61%	39	0
Low	109	20%	80	0
Osteopathy students	105	40%	59	1
Personal benefits score				
High	40	36%	62	0
Low	65	42%	57	1
Professionalism score				
High	51	33%	65	2
Low	54	46%	54	0
Military entry salary				
Acceptable or very adequate	78	37%	62	1
Low or unacceptable	27	48%	52	0
Favorability toward military				
High	13	77%	23	0
Neutral	24	38%	58	4
Low	68	34%	66	0

Both medical and osteopathy students who had considered the military listed similar reasons for doing so. The foremost reason for both groups dealt with the financial assistance available for education through DOD-sponsored scholarship programs.

The reason both groups give for not having acted favorably on this consideration is that they desire a degree of autonomy not perceived to be available in the military. That is, scholarship programs have an active duty obligation which they chose to avoid.

Reasons Given for Considering Practicing Medicine in the Military

<u>Principal Reasons</u>	Medical Students N=56	Osteopathy Students N=42
Financial help for education	30%	52%
Good benefits	21	5
For the money	20	14
Reasonable hours	16	10
Opportunity to travel	14	0
Experience	11	7
Freedom from responsibilities	9	0

MS. O. 5A

Reasons Given for Not Acting Favorably on This Consideration

<u>Principal Reasons</u>	Medical Students N=56	Osteopathy Students N=42
Want to be my own boss	34%	24%
Found another source of money	14	7
Didn't want two year commitment	11	14
Specific advantages in private practice	11	14
Not acceptable, rejected	7	14
Anti-military	7	10
Would interfere with my family life	7	5
Haven't given up the idea, still under consideration	21	0

MS. O. 5B

Reasons Given for Not Considering a Military Practice

<u>Principal Reasons</u>	Medical Students N=104	Osteopathy Students N=62
Want to be my own boss	50%	48%
Specific advantages in private practice	35	18
Anti-military	17	8

MS. O. 6

C. KNOWLEDGE ABOUT MILITARY MEDICAL PRACTICE

Students were asked to estimate the extent of their knowledge about a military medical practice. They used 5-point rating scales with 5 being highest.

Results for various categories of students are presented on the facing page. Slight differences are noted except for osteopathy students who have been classified on the basis of their favorability toward the military. Those who are highly favorable feel they know much more than do those who are neutral or low in favorability toward the military.

Average Scores for Perceived Amount of Knowledge About a
Military Medical Practice

	<u>N</u>	<u>Average Score</u>
Medical students	160	2.9
General practice	16	2.7
Internal medicine	62	2.7
Ob/Gyn	11	3.2
Pediatrics	18	2.7
Other	55	3.1
3rd year of medical school	44	2.7
4th year of medical school	116	2.9
Favorability toward military		
High	18	2.9
Neutral	33	3.0
Low	109	2.8
Osteopathy students	105	3.2
Favorability toward military		
High	13	3.9
Neutral	24	3.0
Low	68	3.1

MS. O. 7

In sharp contrast to physicians, medical and osteopathy students obtain most of their information about a military medical practice from advertisements in professional journals.

Recruiters for the military services are seen as providing the least information to medical students, but this is not necessarily so among students of osteopathy.

Sources of Information About Military Medical Practice

<u>Principal Sources</u>	<u>Medical Students N=160</u>	<u>Osteopathy Students N=105</u>
Advertisements in professional journals	59%	47%
Physicians who have been in military practice in the past	51	29
Brochures put out by the Navy	44	31
Brochures put out by the Army	39	34
Brochures put out by the Air Force	35	35
Physicians now in military service	26	23
Army, Navy, or Air Force recruiter	18	31

A multiple-choice test was administered to determine how much students actually know about a military medical practice.

Results are comparable to those found among physicians. Only a small minority are aware of the current salary range. Most guessed the salaries to be less than they actually are.

Measured Knowledge Among Students About a Military Medical Practice

	Medical Students % Correct N=160	Osteopathy Students % Correct N=105
Salary range	14	20
Amount of retirement benefits	54	54
Noncontributory retirement plan	63	65
Rank upon entry	64	57
Amount of paid annual leave	64	78
Negotiability of initial assignment	68	58
Promotions	69	76
Lack of malpractice liability	73	68
Minimum active duty obligation	73	75
Nontaxable housing allowance	76	73

MS. O. 9-18

D. FAVORABILITY/DISINCENTIVES

Using a 10-point scale, students were asked to rate their favorability toward the military, in general; toward 2-5 years of military service; and toward a career in the military.

Favorability scores resemble the usual pattern of being highest for the military as a general concept and correspondingly lower when considering 2-5 years and then 20 years of service.

No significant differences in favorability are noted between medical and osteopathy students.

Weighted Scores for Favorability Toward Military Service

	N	Favorability Scores		
		Military in General	Military For 2-5 Years	Medical For 20 Years
Medical students	160	4.3	3.6	2.0
General practice	16	3.6	4.2	2.1
Internal medicine	62	4.6	3.9	2.0
Ob/Gyn	11	3.9	2.8	2.6
Pediatrics	18	4.7	3.3	1.6
Other	55	4.1	3.4	2.0
3rd year of medical school	44	4.6	3.8	2.2
4th year of medical school	116	4.2	3.5	1.9
Personal benefits score				
High	81	4.6	3.7	2.0
Low	79	4.1	3.4	1.9
Professionalism score				
High	77	4.6	3.6	2.0
Low	83	4.1	3.5	2.0
Military entry salary				
Acceptable or very adequate	143	4.3	3.5	2.0
Low or unacceptable	16	4.3	3.9	2.2
Favorability toward military				
High	18	6.7	7.7	3.9
Neutral	33	4.6	5.2	2.8
Low	109	3.8	2.4	1.4
Osteopathy students	105	4.3	3.6	2.2
Personal benefits score				
High	40	3.9	3.6	2.2
Low	65	4.6	3.6	2.3
Professionalism score				
High	51	4.0	3.5	2.0
Low	54	4.7	3.7	2.5
Military entry salary				
Acceptable or very adequate	78	4.4	3.6	2.3
Low or unacceptable	27	4.2	3.4	2.0
Favorability toward military				
High	13	6.2	7.8	4.9
Neutral	24	5.2	5.4	2.8
Low	68	3.7	2.1	1.5

The table on the facing page presents weighted scores of medical and osteopathy students for a number of different disincentives to a military medical practice.

As is the case with resident physicians, these students see military discipline as their most important objection to a military practice. However, no single factor emerges as of primary importance.

Rigorous physical training appears to be of little concern to most students.

Weighted Scores for Not Wanting to
Practice in the Military

	Medical Students <u>N=160</u>	Osteopathy Students <u>N=105</u>
Dislike military discipline	3.3	3.2
Would lose control of the kinds of cases I'd take	3.1	3.1
Would have to move my family around too much	3.1	3.0
Could not control my training in a specialty	3.1	2.9
Object to concept of rank	2.9	2.8
Practice would be more adminis- trative than clinical	2.8	2.9
Could not control the type of treatment I prescribe	2.8	2.9
Don't like to wear a uniform	2.8	2.4
Fear that confidentiality in doctor-patient relationship could break down	2.6	2.8
Don't want to go through rigorous physical training	1.8	1.8

MS. O. 22A-J

E. CAREER ELEMENTS

The next table presents rank orders of the importance of various elements in a medical career decision. As for the physicians discussed earlier, it is clear that many of the benefits offered by the military are unimportant in the career decisions of medical and osteopathy students.

Among the most important career aspects are autonomy in decision-making, in where one wants to live, worthwhile accomplishment, and being able to continue one's education and training.

Of least importance are aspects such as being able to retire at an early age, working a 40-hour week, having a position of prestige in the community, and being free from patient overloads.

Rank Order of Importance of Medical Career Elements

	<u>Medical Students</u>	<u>Osteopathy Students</u>
Making your own decisions, in general	1	2
Having a job which allows you to live in the kind of community or area you want	2	5
Having a chance to feel you are really accomplishing something worthwhile	3	1
Having a varied and challenging practice	4	4
Having a chance to continue your education and training	5.5	3
Being associated with professionals you respect	5.5	8
Developing a meaningful, continued relationship with your patients	7	6
Having modern, up-to-date medical equipment	8	7
Being able to attend professional conferences	9	10
Being treated with respect and consideration	10	9
Being free of worry about malpractice	11	12
Being able to take a month's vacation every year	12	16.5
Having a good retirement program	13	11
Having an opportunity to travel	14	16.5
Having an opportunity to advance or get promoted	15	13
Being able to hire and fire members of your staff	16.5	14
Having a good income	16.5	15
Having a position of prestige in the community	18	20
Being free of administrative responsibility	19	18
Being free of pressure from patient overload	20	19
Working a 40-hour week	21	22
Being able to retire at an early age	22	21

MS. O. 20,21A-V

Note: Rank order 1 is assigned to the career element that has the largest number of "very important" responses.

A discrepancy analysis was carried out in which the importance of career elements was compared with perceived opportunities for having that job element in a military practice as opposed to a civilian practice.

As with physicians, students choosing a middle ground or neutral response to either question are not included in this analysis.

Of the 18 items regarded as important, only seven are associated with a military practice. And among these seven, only three rank in the top half by the importance list. These three elements in order of importance are:

- Having modern, up-to-date medical equipment
- Being able to attend professional conferences
- Being free of worry about malpractice suits

Comparative Analysis -- Importance of
Career Elements vs. Their Presence in
Nonmilitary and Military Practices

		Medical Students N=160		Osteopathy Students N=105	
		% Important	% Not Important	% Important	% Not Important
Making your own decisions, in general	% Better in Military	3	0	1	0
	% Poorer in Military	81	0	87	0
Having a job which allows you to live in the kind of community or area you want	Better in Military	1	0	2	0
	Poorer in Military	84	0	86	1
Having a chance to feel you are really accomplishing something worthwhile	Better in Military	3	0	5	0
	Poorer in Military	45	0	41	0
Having a varied and challenging practice	Better in Military	4	0	8	0
	Poorer in Military	53	0	46	0
Having a chance to continue your education and training	Better in Military	(17)	0	(32)	1
	Poorer in Military	(21)	0	(10)	0
Being associated with professionals you respect	Better in Military	(3)	1	(12)	0
	Poorer in Military	(48)	0	(16)	1
Developing a meaningful, continued relationship with your patients	Better in Military	3	0	3	0
	Poorer in Military	(50)	1	(64)	1
Having modern, up-to-date medical equipment	Better in Military	(30)	0	(53)	4
	Poorer in Military	11	0	5	0

(Continued on next page)

Comparative Analysis -- Importance of
Career Elements vs. Their Presence in
Nonmilitary and Military Practices (Cont'd)

		Medical Students N=160		Osteopathy Students N=105	
		% Important	% Not Important	% Important	% Not Important
Being able to attend professional confer- ences	% Better in Military	22	1	28	1
	% Poorer in Military	8	1	8	1
Being treated with respect and considera- tion	Better in Military	6	1	7	0
	Poorer in Military	21	1	21	1
Being free of worry about malpractice suits	Better in Military	58	4	57	13
	Poorer in Military	2	0	1	0 .
Being able to take a month's vacation every year	Better in Military	35	8	32	10
	Poorer in Military	2	0	5	2
Having a good retire- ment program	Better in Military	44	8	39	6
	Poorer in Military	1	0	8	1
Having an opportunity to travel	Better in Military	36	7	31	8
	Poorer in Military	9	1	10	0
Having an opportunity to advance or get promoted	Better in Military	(11)	9	(21)	10
	Poorer in Military	10	2	12	1

(Continued on next page)

Comparative Analysis -- Importance of
Career Elements vs. Their Presence in
Nonmilitary and Military Practices (Cont'd)

		Medical Students N=160		Osteopathy Students N=105	
		<u>%</u> <u>Important</u>	<u>% Not</u> <u>Important</u>	<u>%</u> <u>Important</u>	<u>% Not</u> <u>Important</u>
Being able to hire and fire members of your staff	% Better in Military	3	1	0	0
	% Poorer in Military	48	9	58	3
Having a good income	Better in Military	3	2	4	2
	Poorer in Military	41	3	50	3
Having a position of prestige in the community	Better in Military	1	0	0	2
	Poorer in Military	19	9	21	6
Being free of adminis- trative responsibility	Better in Military	24	6	21	6
	Poorer in Military	14	5	16	2
Being free of pressure from patient overload	Better in Military	34	11	26	18
	Poorer in Military	3	0	2	1
Working a 40-hour week	Better in Military	16	44	13	53
	Poorer in Military	0	0	0	0
Being able to retire at an early age	Better in Military	13	46	10	45
	Poorer in Military	1	1	1	5

There was some question in our minds regarding the respect (in a civilian practice) accorded Doctors of Osteopathy when compared to their Doctors of Medicine counterparts.

When students of osteopathy were asked about this, 72 out of 105 agreed that D.O.'s receive somewhat less respect in a civilian practice than do M.D.'s.

They were asked about how D.O.'s were treated relative to M.D.'s in a military practice, and the results were far different. In this case, only 50 out of 105 osteopathy students felt discriminated against relative to M.D.'s.

It would seem that equivalency of treatment is an important factor to be considered in recruiting osteopaths. Since it is a sensitive issue, however, it may be better treated in a nondirect manner.

Perceived Respect Accorded
Doctors of Osteopathy vs. Doctors of Medicine

Osteopathy
 Students
N=105

In a civilian practice D.O.'s are treated
 with somewhat less respect than M.D.'s are

Agree strongly	20%
Agree mildly	49
Disagree mildly	16
Disagree strongly	14
No opinion	1

In a military practice D.O.'s are treated
 with somewhat less respect than M.D.'s are

Agree strongly	11%
Agree mildly	36
Disagree mildly	26
Disagree strongly	17
No opinion	10

O. 19D,E

F. CONDITIONS OF MILITARY MEDICAL PRACTICE

The items used earlier to assess knowledge of a military medical practice were rated in importance on a 4-point scale. As can be seen, negotiability of the initial assignment location is perceived as most important of the facts listed.

Lack of malpractice liability is listed much higher among students than among physicians, however, and it appears that these soon-to-be physicians have been frightened by the spectre of high malpractice insurance rates and exorbitant settlements.

It would appear, then, that although this benefit is of little interest to practicing physicians and residents, it can be effective in recruiting medical and osteopathy students.

Weighted Scores for Importance of Conditions in a
Military Medical Practice

	Medical Students N=160	Osteopathy Students N=105
Negotiability of initial assignment	3.5	3.4
Lack of malpractice liability	3.2	3.1
Amount of paid annual leave	3.1	2.9
Retirement plan aspects	3.0	2.9
Minimum active duty obligation	2.8	2.9
Salary range	2.8	2.8
Nontaxable housing allowance	2.8	2.7
Rank upon entry	2.4	2.2
Promotions	2.3	2.4

MS. O. 33A-I

A discrepancy analysis was conducted in which the importance of a condition of military medical practice was compared to whether or not a student had correct knowledge about the item.

Results of this analysis indicate that additional publicity in a number of knowledge areas is called for. Note the sizeable proportions of students who think one of the following conditions is important and who have incorrect knowledge about the item:

- Salary range
- Retirement plan aspects
- Negotiability of initial assignment
- Amount of paid annual leave

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STUDY ON THE RECRUITMENT OF MEDICAL PROFESSIONALS FOR THE MILIT--ETC.(U)

APR 76

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Comparative Analysis -- Importance of Specific
Conditions of Military Medical Practice vs. Knowledge
of the Conditions

		Medical Students N=160		Osteopathy Students N=105	
		<u>%</u> <u>Important</u>	<u>% Not</u> <u>Important</u>	<u>%</u> <u>Important</u>	<u>% Not</u> <u>Important</u>
Salary range	% Correct	8	7	12	8
	% Incorrect	64	21	58	20
Retirement plan aspects (50% of base pay)	Correct	41	14	38	16
	Incorrect	36	9	37	9
Retirement plan aspects (noncontributory)	Correct	45	18	44	21
	Incorrect	30	4	30	4
Amount of paid annual leave	Correct	55	9	60	18
	Incorrect	28	6	13	8
Negotiability of initial assignment	Correct	(64)	4	(51)	6
	Incorrect	27	4	34	6
Lack of malpractice liability	Correct	64	9	54	13
	Incorrect	21	5	25	5
Minimum active duty obligation	Correct	51	21	59	16
	Incorrect	21	5	15	10
Nontaxable housing allowance	Correct	53	24	46	28
	Incorrect	16	8	18	8
Rank upon entry	Correct	32	33	22	35
	Incorrect	16	19	16	27
Promotions	Correct	31	61	37	39
	Incorrect	13	18	9	14
Special tabulation					

The adequacy of the entry salary for physicians was judged using a 4-point rating scale. Medical students, as might be expected, indicate somewhat greater satisfaction with salaries than do practicing physicians and residents.

Curiously enough, however, osteopathy students' level of satisfaction with the entry salary is about that of residents.

Weighted Scores for Adequacy of Physicians'
Entry Salary

	<u>N</u>	<u>Weighted Score</u>
Medical students	160	3.4
General practice	16	3.6
Internal medicine	62	3.4
Ob/Gyn	11	3.3
Pediatrics	18	3.3
Other	55	3.4
3rd year of medical school	44	3.4
4th year of medical school	116	3.4
Personal benefits score		
High	81	3.2
Low	79	3.5
Professionalism score		
High	77	3.3
Low	83	3.4
Military entry salary		
Acceptable or very adequate	143	3.5
Low or unacceptable	16	1.9
Favorability toward military		
High	18	3.3
Neutral	33	3.3
Low	109	3.4
Osteopathy students	105	3.0
Personal benefits score		
High	40	2.8
Low	65	3.1
Professionalism score		
High	51	2.9
Low	54	3.1
Military entry salary		
Acceptable or very adequate	78	3.4
Low or unacceptable	27	1.9
Favorability toward military		
High	13	3.1
Neutral	24	3.0
Low	68	3.0

As shown opposite, close to half the medical students think the entry salary is very adequate while only one osteopathy student in three holds this view. And a substantial number of the osteopathy students think the salary is less than acceptable.

When students were asked if the salary would be acceptable provided major changes were made in the nature of military practice, most agreed.

Among medical students the principal change desired is to have the choice of location. Students of osteopathy opt for a choice of location, permanence of location, and less of the military atmosphere.

Adequacy of Physicians' Entry Salary

	Medical Students N=160	Osteopathy Students N=105
Very adequate	48%	30%
Acceptable	41	44
A bit low	9	22
Totally unacceptable	1	4
Not reported	1	0

MS. O. 39A

Adequacy of Salary If Important Changes Were
Made in Conditions of Military Practice

	Medical Students N=82	Osteopathy Students N=73
Very adequate	15%	14%
Acceptable	76	63
A bit low	6	21
Totally unacceptable	1	1
Not reported	2	1

MS. O. 39B

Note: This question was not asked of students whose initial opinion of the entry salary is "very adequate."

Necessary Changes Named by Students Who
Say Their Rating of the Entry Salary
Would Improve If Changes Were Made

	Medical Students N=22	Osteopathy Students N=22
<u>Principal Changes</u>		
Choice of location	50%	23%
No set term of duty	27	9
Freedom to make own medical decision	18	9
Permanence of location	9	23
Less military atmosphere	9	23

MS. O. 39C

G. PROBABILITIES OF ENTERING MILITARY MEDICAL PRACTICE

Students estimated the probabilities of their entering a military medical practice both before and after they were presented the facts contained in the knowledge quiz.

The table on the facing page contains the weighted probabilities of joining for various categories of students.

One important bit of information should not be overlooked, however: Medical students who are favorable toward the military rate the probability of their joining as one-in-three. Moreover, among osteopathy students who are favorable, the rated chances of their joining are one-in-four. These probabilities, if they are borne out by subsequent action, are certainly nontrivial.

As shown on the page next following the most effective fact in changing probabilities is reported by students to be the negotiability of location assignment. Entry rank and promotion policy are least effective.

Among the very few medical students who, before the introduction of facts, report a probability of entering a military practice as 50% or greater, opinion is almost evenly split over which branch they prefer. Among osteopathy students, however, preference is entirely for the Air Force.

Weighted Probabilities of Students' Entering Military Practice

	N	Weighted Probability (In Percent)	
		<u>Before Facts</u>	<u>After Facts</u>
Medical students	160	12	15
General practice	16	11	14
Internal medicine	62	13	16
OB/Gyn	11	11	13
Pediatrics	18	9	13
Other	55	13	15
3rd year of medical school	44	15	17
4th year of medical school	116	11	14
Personal benefits score			
High	81	12	15
Low	79	11	14
Professionalism score			
High	77	13	15
Low	83	11	14
Military entry salary			
Acceptable or very adequate	143	12	15
Low or unacceptable	16	12	16
Favorability toward military			
High	18	29	32
Neutral	33	18	21
Low	109	7	10
Osteopathy students	105	14	16
Personal benefits score			
High	40	17	20
Low	65	12	14
Professionalism score			
High	51	14	16
Low	54	14	17
Military entry salary			
Acceptable or very adequate	78	12	14
Low or unacceptable	27	20	21
Favorability toward military			
High	13	22	24
Neutral	24	22	28
Low	68	10	11

Magnitude of Changes in Probabilities, After Facts Are Known

	Medical Students <u>N=28</u>	Osteopathy Students <u>N=19</u>
<u>Probability Change</u>		
Negative	4%	11%
Positive		
10 percentage points	57	63
20	28	16
30	4	5
40	3	5
60	4	0

MS. O. 30,34 Special tabulation

Facts That Cause Positive Changes in Probabilities

	Medical Students <u>N=27</u>	Osteopathy Students <u>N=19</u>
Negotiability of location assignment	74%	53%
Lack of malpractice liability	63	42
Retirement plan aspects	44	42
Minimum active duty obligation	44	37
Amount of paid annual leave	37	16
Salary range	33	26
Nontaxable housing allowance	30	11
Rank upon entry	4	11
Promotions	0	16

MS. O. 35

Probability of Students' Entering Military Practice

<u>Probabilities</u>	Medical Students N=160		Osteopathy Students N=105	
	<u>Before</u>	<u>After</u>	<u>Before</u>	<u>After</u>
	<u>Facts</u>	<u>Facts</u>	<u>Facts</u>	<u>Facts</u>
0%	37%	35%	39%	33%
10%	37	30	27	28
20%	12	15	15	17
30%	7	9	9	8
40%	2	2	3	4
50%	4	5	4	4
60%	0	1	1	3
70%	0	1	0	1
80%	0	1	0	0
90%	0	0	0	0
100%	1	1	2	2

MS. O. 30,34

Branch Preference of Students Who Say
Their Probability of Entering Military Is 50%
or Higher

	Medical Students N=8	Osteopathy Students N=7
Air Force	25%	100%
Army	38	0
Navy	25	0
Don't know	12	0

MS. O. 31

On the facing page are presented the perceived effects of internal and external changes on the probabilities of students' entering the military upon graduation. As with physicians, the intra-military changes cited most often as increasing the probability of joining deal with assignment location.

The stereotype that younger physicians might object to the wearing of military uniforms is not substantiated by the data, and in fact, it appears to be the least important factor of those considered as influencing the decision to enter a military practice.

The fear of increased costs for malpractice insurance is credited by almost half the medical and osteopathy students as a factor that would increase the probability of their entering a military medical practice.

When students were asked, in a free response question, to cite changes that might increase their probabilities of entering a military practice, once again choice of location emerges as important. Responses to this question are shown below.

Changes Named (Without Prompting) That Might
Increase Probabilities of Entering Military

	<u>Medical Students N=160</u>	<u>Osteopathy Students N=105</u>
<u>Principal Changes</u>		
Choice of location	19%	18%
Less military atmosphere	18	17
Freedom to make own medical decision	14	11
No set term of duty	10	7
Permanence of location	8	5
Increased income	6	10
Provide services through nonmilitary contracts	5	2
Freedom to practice specialty trained for	4	8
Freedom to choose patients	4	6

Perceived Effects of Internal Changes on
Probabilities of Entering Military Practice

	<u>Medical Students N=160</u>	<u>Osteopathy Students N=105</u>
<u>Probabilities Would Increase with This Change</u>		
Option to leave service if dissatisfied with location assignment	89%	87%
Choice to stay permanently in one location	85	78
Six month probationary period with option to leave	81	79
Contract health care delivery system	71	72
Physicians in civil service chain of command	59	53
Physicians not required to wear uniforms	44	29

MS. O. 36A-F

Perceived Effects of External Changes on
Probabilities of Entering Military Practice

	<u>Medical Students N=160</u>	<u>Osteopathy Students N=105</u>
<u>Probabilities Would Increase with This Change</u>		
Malpractice insurance up 50% or more	48%	45%
Introduction of socialized medicine in U.S.	33	34
Peer review stepped up	9	12

MS. O. 38A-C

H. INFLUENCERS

As might be expected spouses are of less importance as students' influencers than are the students' parents. Teachers, too, are important influencers for medical students but not for osteopathy students.

Career Decision Influencers

	Medical Students' Influencers N=281	Osteopathy Students' Influencers N=150
Parent	26%	27%
Teacher	22	9
Friend	19	23
Spouse (fiancee)	17	22
Other relative	9	9
Other	7	10
Physician influencer in military now	3%	4%
Physician influencer had military medical experience	14	6
Physician influencer had no military medical experience	17	19
Influencer was not a physician	63	67

Nature of Influencers' Advice

	Medical Students' Influencers N=281	Osteopathy Students' Influencers N=150
Advice involved consideration of military practice	23%	30%
Did not	71	65
Don't remember	6	5
Advice involved consideration of military practice	N=65	N=45
Very favorable advice	3%	7%
Somewhat favorable	17	20
Neutral	15	22
Somewhat unfavorable	39	27
Very unfavorable	26	22
Don't remember	0	2

Almost three out of four medical students report having had no contact with a military recruiter. However, more than half of the osteopathy students report such contact.

Most of the medical and osteopathy students tend to regard the recruiter favorably, or at the least, neutral. This leads one to suspect that if more contacts were made with medical students, especially if contacts were made by military physicians, greater recruiting success could be attained.

Experience with Military Service Recruiters

	Medical Students N=160	Osteopathy Students N=105
Have talked with one or more recruiters	28%	53%
No experience with recruiter	72	47

MS. O. 28

Recruiter Characteristics

	Medical Students' Recruiter N=51	Osteopathy Students' Recruiter N=65
Part of medical recruiter team	57%	63%
General recruiter	21	28
Nonrecruiter, but in military	8	8
Other	4	0
Don't remember	10	1
Very favorable reaction to recruiter	14%	11%
Somewhat favorable	29	31
Neutral	43	31
Somewhat unfavorable	10	17
Very unfavorable	2	7
No opinion	2	3

MS. O. 29A,B

IV.

DENTAL STUDENTS

This section presents the results of 102 interviews with dental students. All respondents are in their senior year of dental school, and none are in an Armed Forces Scholarship Program.

Interviews were distributed approximately equally among each of the following schools:

University of Alabama, Birmingham
University of Southern California, Los Angeles
Emory University, Atlanta
Loyola University, Chicago
Tufts University, Boston
State University of Buffalo, Buffalo
New York University Dental Center, New York City
Temple University Dentistry School, Philadelphia
University of Tennessee College of Dentistry,
Memphis
University of Washington School of Dentistry,
Seattle
University of Detroit, Detroit
Case Western Reserve, Cleveland

As with medical and osteopathy students, two procedures were followed for the selection of individual students.

- 1- Wherever possible names were selected systematically at random from lists provided by the colleges.
- 2- In those colleges where a strict interpretation of the Privacy Act precluded the availability of student lists, interviewers stationed themselves at points on campus where eligible students would be expected to pass and applied a random selection procedure for approaching prospective respondents. Interviews were conducted in empty classrooms and other places where privacy was assured.

A. BACKGROUND CHARACTERISTICS

Demographics

	Dental Students N=102
Under 25 years	20%
25, 26	46
27, 28	12
29, 30	12
31, 32	7
33, 34	1
35, 36	2
Male	98%
Female	2
Married	65%
Divorced	4
Single, never married	31
No children	81%
One	9
Two	9
Three or more	0
Not reported	1
White	96%
Black	0
Other, not reported	4
Born in the United States	100%
Born elsewhere	0
In 4th year medical school	84%
Other	16
Have served in military	24%
Have not	76

D. 1,42,44,46-51

Expectations for Dental Practice

	Dental Students N=102
General practice	81%
Oral surgery	10
Other	12
Not reported	1
Private practice	56%
Group practice	33
Other	11

Desired Number of Patients
in an Average Week

Less than 35	12%
35 - 49	23
50	15
51 - 74	23
75 - 99	11
100 or more	11
Not reported	5

D. 40,41,43

B. MILITARY DENTAL CONSIDERATION

Two out of three dental students interviewed have considered a military dental practice. Students interested in high personal benefits as well as students interested in the professional aspects of dentistry are more likely to have considered a military dental practice.

Number of Dental Students Who Served In Military
Or Considered a Military Dental Practice

	<u>N</u>	<u>Military Service</u>	<u>Not in Military Service</u>	<u>Considered Military Practice</u>	<u>Did Not</u>
Dental students	102	24%	76	67%	33
Personal benefits score					
High	50	24%	76	80%	20
Low	52	23%	77	54%	46
Professionalism score					
High	65	26%	74	72%	28
Low	37	19%	81	57%	43
Military entry salary					
Acceptable or very adequate	61	23%	77	64%	36
Low or unacceptable	41	24%	76	71%	29
Favorability toward military					
High	28	32%	68	93%	7
Neutral	28	18%	82	71%	29
Low	45	22%	78	49%	51

D. 1,4

Satisfaction with Military Service

	<u>Dental Students N=24</u>
Completely satisfied	8%
Mostly satisfied	37
Somewhat satisfied	8
Neutral	17
Somewhat dissatisfied	4
Mostly dissatisfied	17
Completely dissatisfied	4
Not reported	4

D. 2

Among the principal reasons given for considering a military dental practice are:

- Experience
- Money involved

There are no significant differences in the patterns of reasons given by dental students registering high and low in terms of their interest in personal benefits.

Myriad reasons exist for students' not having acted favorably on their consideration of a military dental practice. A large number of them indicate they still have not made a final decision in the matter, and others are hesitant about the two-year commitment, cite advantages available in private practice, or simply want to be their own boss.

Reasons Given for Considering Practicing Dentistry in the Military

<u>Principal Reasons</u>	<u>Dental Students</u>		
	<u>Personal Benefits Score</u>		
	<u>Total</u>	<u>High</u>	<u>Low</u>
	<u>N=68</u>	<u>N=40</u>	<u>N=28</u>
Experience	51%	50%	54%
For the money	32	30	36
Financial help for education	16	15	18
Security	12	13	11
Opportunity to travel	10	13	7
Good benefits	7	8	7
Freedom from responsibilities	7	10	4
To defer career decision	7	8	7

D. 5A

Reasons Given for Not Acting Favorably on This Consideration

<u>Principal Reasons</u>	<u>Dental Students</u>		
	<u>Personal Benefits Score</u>		
	<u>Total</u>	<u>High</u>	<u>Low</u>
	<u>N=68</u>	<u>N=40</u>	<u>N=28</u>
Haven't decided yet	21%	23%	18%
Don't want two-year commitment	16	18	14
Specific advantages in private practice	16	18	14
Want to be my own boss	15	15	14
Not acceptable, rejected	12	13	11
Couldn't get benefits or aid	7	8	7
Don't want to move around	7	8	7

D. 5B

Reasons Given for Not Considering a Military Practice

<u>Principal Reasons</u>	<u>Dental Students</u>		
	<u>Personal Benefits Score</u>		
	<u>Total</u>	<u>High</u>	<u>Low</u>
	<u>N=34</u>	<u>N=10</u>	<u>N=24</u>
Want to be my own boss	53%	40%	58%
Specific advantages in private practice	21	10	25
Don't want to move around	9	10	8
Don't want two-year commitment	9	20	4
Haven't decided yet	9	10	8

D. 6

C. KNOWLEDGE ABOUT MILITARY DENTAL PRACTICE

Using a 5-point scale, dental students were asked how much they thought they knew about a military dental practice. The average score hovered slightly above the "average" point on the rating scale. Compared to medical students, the average score of 3.3 was somewhat higher.

The results of an actual assessment of knowledge are presented on pages IV-12 and IV-13.

Average Scores for Perceived Amount of Knowledge About a
Military Dental Practice

	<u>N</u>	<u>Average Score</u>
Dental students	102	3.3
Favorability toward military		
High	28	3.7
Neutral	28	3.0
Low	45	3.2

D. 7

A great contrast in sources of information about a military practice can be found between dental and medical students. Dental students rank advertisements in professional journals at the bottom of their information source list, while medical students rank it first.

The greatest present source of information is dentists who have been in military practice in the past.

Dental students who are favorable toward the military are more likely to have obtained their information from recruiters. It is not clear whether recruiters are responsible for this favorable rating or whether, because students were favorable toward the military, they sought out a recruiter.

Sources of Information About Military Dental Practice

	Total N=102	Dental Students		
		Favorability Toward Military		
		High N=28	Neutral N=28	Low N=45
<u>Principal Sources</u>				
Dentists who have been in military practice in the past	75%	79%	64%	80%
Teachers in dental school	43	61	29	42
Army, Navy, or Air Force recruiter	40	64	36	29
Dentists now in military practice	39	36	39	40
Brochures put out by the Army	38	46	43	31
Brochures put out by the Navy	36	43	43	29
Brochures put out by the Air Force	35	50	29	31
Advertisements in professional journals	34	32	32	38

It appears that when dental students said they were informed about conditions of a military practice, they were correct, at least when a comparative analysis is made with medical students.

When the knowledge items are ranked in terms of percent of students getting them correct in the quiz, the item order for both dental and medical students is quite similar. That is, least is known about salary and amount of retirement benefits, and most is known about the nontaxable housing allowance and minimum active duty obligation. Some of the knowledge items were inappropriate for both lists.

Among the eight items common to both lists dental students scored significantly higher on two -- 23 percentage points higher on salary range and 16 points higher on minimum active duty obligation. On four of the six remaining items dental students scored from four to eight percentage points higher than medical students.

These findings further indicate that dental students may be more serious in their consideration of a military practice.

Measured Knowledge Among Dental Students About a Military Dental Practice

	Dental Students % Correct N=102
Salary range	37
Amount of retirement benefits	53
Monthly stipend for scholarship recipients	56
Negotiability of initial assignment	59
Rank upon entry	68
Noncontributory retirement plan	70
Amount of paid annual leave	72
Nontaxable housing allowance	80
Minimum active duty obligation	89
Additional service obligation for scholarship participants	92

D. 9-18

D. FAVORABILITY/DISINCENTIVES

Favorability toward the military in general, toward 2-5 years of service, and toward the military as a career were assessed on 10-point rating scales.

Dental students are significantly more favorable than medical students toward the military and toward a military practice of 2-5 years. There is little difference between the groups, however, when a military career is considered.

Students interested in high personal benefits and in the professional aspects of dentistry tend to be somewhat more favorable toward a military practice. Since we assume that among these are the more aggressive and more competent future dentists, we feel this speaks well for the military.

Weighted Scores for Favorability Toward Military Service

	N	Favorability Scores		
		Military in General	Military Dental For 2-5 Years	Military Dental For 20 Years
Dental students	102	5.4	4.7	2.5
Personal benefits score				
High	50	6.0	5.2	3.0
Low	52	4.8	4.3	2.1
Professionalism score				
High	65	5.5	5.0	2.4
Low	37	5.1	4.2	2.8
Military entry salary				
Acceptable or very adequate	61	5.2	4.5	2.5
Low or unacceptable	41	5.6	5.1	2.7
Favorability toward military				
High	28	6.7	8.1	3.6
Neutral	28	5.9	5.4	2.6
Low	45	4.2	2.2	1.8

D. 19A,B,C

Dental students rate the deterrents to a military practice very much as do medical students. Their concerns revolve foremost around personal autonomy in practicing their specialty. Physical training is seen as the least important problem they would have to contend with.

Weighted Scores for Not Wanting to
Practice in the Military

	Dental Students N=102	<u>Favorability toward Military</u>		
		<u>High</u> N=28	<u>Neutral</u> N=28	<u>Low</u> N=45
Could not control the type of treatment I would follow	3.2	3.2	3.3	3.1
Would lose control of the kinds of cases I'd take	3.1	3.2	3.1	3.0
Dislike military discipline	3.1	2.9	3.0	3.2
Would have to move my family around too much	2.9	2.9	2.8	3.0
Practice would be more administrative than clinical	2.8	2.8	2.9	2.6
Object to concept of rank	2.6	2.5	2.4	2.8
Don't like to wear a uniform	2.5	2.3	2.5	2.6
Could not control my training in a specialty	2.5	2.3	2.6	2.4
Don't want to go through rigorous physical training	1.8	1.6	1.9	1.8

D. 22A-I

E. CAREER ELEMENTS

The list on the next page presents a rank order of the importance of various career elements. The order of elements is almost identical to that for medical students. (Perhaps dental students are somewhat more concerned about up-to-date equipment.)

The similarity obtained in the ratings for all physicians' groups, as well as for all medical, osteopathy, and dental students' groups leads us to believe that, with the exception of student nurses, the perceived absence of the important career elements in the military is a primary factor in any recruiting problem that may exist.

Rank Order of Importance of Dental Career Elements

	<u>Dental Students N=102</u>
Having a job which allows you to live in the kind of community or area you want	1
Having a chance to feel you are really accomplishing something worthwhile	2
Making your own decisions, in general	3
Having modern, up-to-date dental equipment	4
Developing a meaningful, continued relationship with your patients	5
Having a varied and challenging practice	6
Having a chance to continue your education and training	7
Being associated with professionals you respect	8
Being treated with respect and consideration	9
Having a good income	10.5
Having a good retirement program	10.5
Being able to attend professional conferences	12
Being able to hire and fire members of your staff	13
Having a position of prestige in the community	14
Being able to take a month's vacation every year	15.5
Having an opportunity to advance or get promoted	15.5
Having an opportunity to travel	17
Being free of pressure from patient overload	18
Being able to retire at an early age	19
Being free of administrative responsibility	20
Working a 40-hour week	21

D. 20,21A-U

Note: Rank order 1 is assigned to the career element that has the largest number of "very important" responses.

On the pages that immediately follow, the importance of the career elements just discussed is compared to the perception of whether they are likely to be found in a military or civilian practice.

The advantages and disadvantages of a military practice are seen in quite similar manners by dental and medical students. Elements associated with the military tend to be regarded with lesser importance than those which presently are not offered.

Comparative Analysis -- Importance of
Career Elements vs. Their Presence in
Nonmilitary and Military Practices

		Dental Students N=102	
		<u>%</u> <u>Important</u>	<u>% Not</u> <u>Important</u>
Having a job which al- lows you to live in the kind of community or area you want	% Better in Military % Poorer in Military	6 87	0 0
Having a chance to feel you are really accom- plishing something worthwhile	Better in Military Poorer in Military	7 42	0 0
Making your own deci- sions, in general	Better in Military Poorer in Military	2 88	0 0
Having modern up-to- date dental equipment	Better in Military Poorer in Military	25 24	0 2
Developing a meaning- ful, continued rela- tionship with your patients	Better in Military Poorer in Military	5 67	0 2
Having a varied and challenging practice	Better in Military Poorer in Military	16 36	0 0
Having a chance to con- tinue your education and training	Better in Military Poorer in Military	39 8	1 1

(Continued on next page)

Comparative Analysis -- Importance of
Career Elements vs. Their Presence in
Nonmilitary and Military Practices (Cont'd)

		Dental Students N=102	
		<u>%</u> <u>Important</u>	<u>% Not</u> <u>Important</u>
Being associated with professionals you respect	% Better in Military	17	0
	% Poorer in Military	24	0
Being treated with respect and considera- tion	Better in Military	13	0
	Poorer in Military	25	0
Having a good income	Better in Military	6	0
	Poorer in Military	73	1
Having a good retire- ment program	Better in Military	56	2
	Poorer in Military	8	0
Being able to attend professional confer- ences	Better in Military	31	2
	Poorer in Military	9	1
Being able to hire and fire members of your staff	Better in Military	*	0
	Poorer in Military	69	4
Having a position of prestige in the community	Better in Military	2	1
	Poorer in Military	33	1

(Continued on next page)

Comparative Analysis -- Importance of
Career Elements vs. Their Presence in
Nonmilitary and Military Practices (Cont'd)

		Dental Students N=102	
		<u>%</u> <u>Important</u>	<u>% Not</u> <u>Important</u>
Being able to take a month's vacation every year	% Better in Military % Poorer in Military	32 4	5 2
Having an opportunity to advance or get promoted	Better in Military Poorer in Military	24 17	10 1
Having an opportunity to travel	Better in Military Poorer in Military	38 12	6 2
Being free of pressure from patient overload	Better in Military Poorer in Military	47 3	7 1
Being able to retire at an early age	Better in Military Poorer in Military	28 3	25 2
Being free of adminis- trative responsibility	Better in Military Poorer in Military	18 5	26 4
Working a 40-hour week	Better in Military Poorer in Military	13 1	23 6

F. CONDITIONS OF MILITARY DENTAL PRACTICE

When facts used in the knowledge quiz were rated in importance by dental students, no significant differences in ratings were noted between dental and medical students. Foremost of concern among both groups was the negotiability of an initial assignment location prior to entering a military practice.

Weighted Scores for Importance of Conditions in a
Military Dental Practice

	<u>Dental Students</u> <u>N=102</u>
Negotiability of initial assignment	3.6
Amount of paid annual leave	3.3
Salary range	3.1
Nontaxable housing allowance	3.1
Minimum active duty obligation	3.1
Retirement plan aspects	3.1
Monthly stipend for scholarship recipients	3.0
Rank upon entry	2.7

D. 33A-H

The perceived importance of the knowledge items was then compared to whether or not the dental student got the item correct in the quiz.

Important items that were gotten incorrect by a large number of students denote a poor job of publicizing that aspect of a military practice. .

Unimportant items that most students get correct are not of very great importance, and if money is being spent in advertising their availability, it might be put to greater use elsewhere.

Comparative Analysis -- Importance of Specific
Conditions of Military Medical Practice vs. Knowledge
of the Conditions

		Dental Students N=102	
		<u>%</u> <u>Important</u>	<u>% Not</u> <u>Important</u>
Salary range	% Correct	35	2
	% Incorrect	50	12
Retirement plan aspects (50% of base pay)	Correct	44	9
	Incorrect	34	11
Negotiability of initial assignment	Correct	55	4
	Incorrect	34	4
Monthly stipend for scholarship recipients	Correct	44	12
	Incorrect	27	13
Amount of paid annual leave	Correct	60	12
	Incorrect	25	1
Retirement plan aspects (noncontributory)	Correct	57	13
	Incorrect	19	6
Rank upon entry	Correct	47	21
	Incorrect	17	14
Nontaxable housing allowance	Correct	66	15
	Incorrect	16	3
Minimum active duty obligation	Correct	72	18
	Incorrect	9	1
Special tabulation			

Dental students rated the adequacy of the entry salary on a 4-point scale. When the weighted score for dental students was compared to that of medical students, it was discovered that dental students as a group considered the entry salary to be far less adequate than did the medical students.

This is astonishing! Further investigation revealed that their ratings of salary adequacy was similar to that of the osteopathy students, and the question to be answered involved, "How are dental and osteopathy students alike, but different from medical students?"

In terms of all demographics, except for age and marital status, our three groups are similar. By definition^{1/} the sample of medical students has a younger average age and, it follows, the samples of dental and osteopathy students have greater numbers of married students. This, in fact, may account for the differences in perception of the adequacy of the respective entry salaries. Other factors are probably involved as well.

Weighted Scores for Adequacy of Dentists'
Entry Salary

	<u>N</u>	<u>Weighted Score</u>
Dental students	102	2.8
Personal benefits score		
High	50	2.6
Low	52	2.9
Professionalism score		
High	65	2.7
Low	37	3.0
Favorability toward military		
High	28	2.5
Neutral	28	2.8
Low	45	2.9

D. 39A

^{1/} The sample of medical students includes some respondents in their third year. Osteopathy and dental students are all in their senior year.

Adequacy of Dentists' Entry Salary

	Dental Students N=102
Very adequate	27%
Acceptable	33
A bit low	32
Totally unacceptable	8

D. 39A

Adequacy of Salary If Important Changes Were
Made in Conditions of Military Practice

	Dental Students N=75
Very adequate	15%
Acceptable	47
A bit low	29
Totally unacceptable	9

D. 39B

Note: This question was not asked of dental students whose initial opinion of the entry salary is "very adequate."

Necessary Changes Named by Dental Students Who
Say Their Rating of the Entry Salary
Would Improve If Changes Were Made

<u>Principal Changes</u>	Dental Students N=25
Choice of location	28%
Increased benefits other than salary	20
Less military atmosphere	12
Permanence of location	8

D. 39C

G. PROBABILITIES OF ENTERING MILITARY DENTAL PRACTICE

As with the other groups, the probabilities of entering a military practice were assessed both before and after the facts contained in the knowledge quiz were made available to dental students.

In spite of dental students' comparative dissatisfaction with the entry salary, they are twice as likely as medical students to enter a military practice.

When they are presented with additional facts it has no appreciable effect on the probability of their entering a military practice.

An apparent enigma is the realization that dental students who regard the entry salary as low or unacceptable say they are somewhat more likely to join. The differences in probabilities certainly are not large enough for statistical significance, however.

Again, the one inescapable conclusion is that increased salaries are not the answer to recruiting greater numbers of dentists.

Weighted Probabilities of Dental Students' Entering Military Practice

	N	Weighted Probability (In Percent)	
		<u>Before Facts</u>	<u>After Facts</u>
Dental students	102	25	27
Personal benefits score			
High	50	28	32
Low	52	21	22
Professionalism score			
High	65	29	30
Low	37	17	21
Military entry salary			
Acceptable or very adequate	61	23	26
Low or unacceptable	41	27	28
Favorability toward military			
High	28	54	58
Neutral	28	22	26
Low	45	8	9

D. 30,34

Compared to medical students, a far greater number of dental students rate the probability of their entering a military practice as 50% or greater. Among these, the great majority anticipate entering the Air Force.

Probability of Dental Students' Entering Military Practice

<u>Probabilities</u>	Dental Students N=102	
	<u>Before Facts</u>	<u>After Facts</u>
0%	40	37
10%	21	20
20%	8	7
30%	9	11
40%	1	1
50%	5	5
60%	3	5
70%	1	1
80%	3	3
90%	2	3
100%	9	9

D. 30,34

Branch Preference of Dental Students Who Say
Their Probability of Entering Military Is 50% or Higher

	Dental Students N=23
Air Force	15
Army	4
Navy	4
Don't know	0

D. 31

Magnitude of Changes in Probabilities, After Facts Are Known

	Dental Students N=11
<u>Probability Change</u>	
Negative	9%
Postive	
10 percentage points	55
30	9
40	9
50	9
90	9

D. 30,

Facts That Cause Positive Changes in Probabilities

	Dental Students N=10
Negotiability of location assignment	70%
Amount of paid annual leave	60
Retirement plan aspects	50
Monthly stipend for scholarship recipients	50
Minimum active duty obligation	50
Salary range	40
Rank upon entry	20
Nontaxable housing allowance	20

D. 35

Dental students were presented with a series of possible changes, both within and outside of the military. If each such change were to become a reality, they were asked if the probability of their entering a military practice would increase or not.

Among the internal changes, those involving a permanent location choice and options to leave under certain conditions tended to be associated with increased probabilities of entering a military practice.

If confronted by socialized dental care, about half of the dental students say the probability of entering a military practice would increase.

Increased income and choice of location are volunteered changes dental students say would increase the probability of their entering a military practice. Results to this free response question are shown below.

Changes Named (Without Prompting) That Might
Increase Probabilities of Entering Military

	<u>Dental Students N=102</u>
<u>Principal Changes</u>	
Increased income	25%
Choice of location	24
No set term of duty	14
Less military atmosphere	12
Permanence of location	11
Freedom to make own medical decision	5
Freedom to practice specialty trained for	5
Opportunities for continuing education	5

Perceived Effects of Internal Changes on
Probabilities of Entering Military Practice

<u>Probabilities Would Increase with This Change</u>	<u>Dental Students N=102</u>
Choice to stay permanently in one location	87%
Option to leave service if dissatisfied with location assignment	86
Six month probationary period with option to leave	80
Contract dental care delivery system	55
Dentists in civil service chain of command	50
Dentists not required to wear uniforms	38

D. 36A-F

Perceived Effects of External Changes on
Probabilities of Entering Military Practice

<u>Probabilities Would Increase with This Change</u>	<u>Dental Students N=102</u>
Dental care delivery system in U.S. becomes socialized	55%
Dentists' susceptibility to malpractice suits increases	36

D. 38A,B

H. INFLUENCERS

Parents, spouses, and friends exert most of the career decision influence on dental students. Reflecting the fact that more dental students tend to be married, spouses are more of a decision influencer among dental students than they are among medical students.

The nature of advice received tends to be on the favorable side. This is a far different story than among medical students whose advice received tends to be on the unfavorable side - by a 3 to 1 ratio!

Career Decision Influencers

	Dental Students' Influencers N=186
Parent	26%
Spouse (fiancee)	21
Friend	21
Teacher	13
Other relative	11
Other	8
Dentist influencer in military now	13%
Dentist influencer had military medical experience	45
Dentist influencer had no military medical experience	33
Influencer was not a dentist	70

D. 23-25

Nature of Influencers' Advice

	Dental Students' Influencers N=186
Advice involved consideration of military practice	35%
Did not	62
Don't remember	3
Advice involved consideration of military practice	N=64
Very favorable	19% }
Somewhat favorable	29 } 48%
Neutral	16
Somewhat unfavorable	22 }
Very unfavorable	14 } 36%

D. 26,27

Almost half of the dental students have talked with a military recruiter. This pattern is similar to that reported by osteopathy students, but it contrasts to medical students - among whom only 28 percent have talked with a recruiter.

For some reason it appears that recruiters are getting out and talking with osteopathy and dental students, but this is certainly not the case among medical students.

In most cases the dental student recruiter was part of a dental team, and the great majority of reaction by dental students was favorable.

Experience with Military Service Recruiters

	Total N=102	Dental Students Favorability Toward Military		
		High N=28	Neutral N=28	Low N=45
Have talked with one or more recruiters	47%	68%	46%	36%
No experience with recruiter	53	32	54	64

D. 28

Recruiter Characteristics

	Total N=66	Dental Students' Recruiters Favorability Toward Military		
		High N=25	Neutral N=19	Low N=45
Part of dental recruiter team	62%	76%	63%	46%
General recruiter	24	16	21	36
Nonrecruiter, but in military	6	4	5	9
Other	6	4	5	9
Don't remember	2	0	6	0
Very favorable reaction to recruiter	20%	40%	5%	9%
Somewhat favorable	38	32	63	23
Neutral	26	24	21	32
Somewhat unfavorable	9	4	5	18
Very unfavorable	7	0	6	18

D. 29A,B

V

STUDENT NURSES

This section presents the results of 217 interviews with student nurses. All respondents are in their final year of nursing school, and none are in an Armed Forces Scholarship Program. Half of the respondents (108) are in a three-year nursing school program and 109 are in a four-year program.

Interviews were distributed approximately equally among each of the following schools:

3-Year Program:

St. Vincent Hospital School of Nursing; Birmingham, Alabama
California Hospital; Los Angeles, California
Emory University Hospital; Atlanta, Georgia
Michael Reese Medical Center; Chicago, Illinois
St. Elizabeth Hospital; Brighton, Massachusetts
Mounds Midway Hospital; St. Paul, Minnesota
Research Hospital and Medical College; Kansas City, Kansas
University of Pennsylvania Hospital; Philadelphia,
Pennsylvania
Methodist Hospital; Memphis, Tennessee
Grace Hospital School of Nursing; Detroit, Michigan

4-Year Program:

California State University; Los Angeles, California
University of California Medical Center; San Francisco,
California
Medical College of Georgia; Augusta, Georgia
University of Illinois College of Nursing; Chicago, Illinois
Boston University and Boston College; Boston, Massachusetts
University of Minnesota; Minneapolis, Minnesota
University of New Mexico; Albuquerque, New Mexico
State University of Buffalo; Buffalo, New York
State University of New York Downstate Medical College;
Brooklyn, New York
University of Pennsylvania Hospital; Philadelphia;
Pennsylvania

As with the other health professional students, two procedures were followed:

- 1- Wherever possible names were selected systematically at random from lists provided by the schools.
- 2- In those colleges where a strict interpretation of the Privacy Act precluded the availability of student lists, interviewers stationed themselves at points on campus or near the hospital where eligible students would be expected to pass and applied a random selection procedure for approaching prospective respondents. Interviews were conducted in empty classrooms and other places where privacy was assured.

A. BACKGROUND CHARACTERISTICS

Demographics

	Student Nurses		
	Total N=217	3-Year Program N=108	4-Year Program N=109
Under 21	23%	42%	4%
21, 22	48	37	59
23, 24	12	7	16
25, 26	7	5	8
27, 28	3	1	5
29, 30	4	4	5
31, 32	*	1	0
33, 34	2	1	3
39, 40	1	2	0
Male	6%	3%	8%
Female	91	94	88
Not reported	3	3	4
Single, never married	78%	79%	78%
Married	20	20	19
Divorced	1	1	2
Separated	1	0	1
White	89%	92%	85%
Black	4	4	4
Other, not reported	7	4	11
Born in the United States	97%	99%	94%
Born elsewhere	3	1	5
Not reported	*	0	1
Have served in military	3%	2%	4%
Have not	97	98	96

N. 1,44,46,47,50,51

Specialty Plans

	<u>Student Nurses</u>		
	<u>Total</u>	<u>3-Year</u>	<u>4-Year</u>
	<u>N=217</u>	<u>N=108</u>	<u>Program</u>
			<u>N=109</u>
Plan to specialize in:			
Pediatrics	17%	16%	17%
Intensive care	12	12	11
Cardiac, coronary care	10	11	9
Obstetrics	9	14	5
Surgery	7	6	8
Psychiatry	6	1	11
Primary health care	5	3	7
Public health	4	4	5
Neo-natal	4	3	5
Emergency	3	6	1
Nurse midwifery	3	4	3
Child psychiatry	2	1	4
Geriatrics	2	2	2
Anesthesia	2	4	0
Other	9	9	10
Don't know field	4	3	5
Do not plan to specialize	8	10	7
Don't know	12	19	6

N. 43A,B

B. MILITARY CONSIDERATION

Consideration of a military practice is higher among student nurses than among any other of the groups studied with the exception of dental students.

This interest in the military extends through all subgroups of the student nurses and, as would be expected, reaches close to 100% among those who hold favorable attitudes toward a military career.

Number of Students Who Considered a Military
Medical Practice

	<u>N</u>	<u>Considered Military</u>	<u>Did Not</u>
Student nurses, total	217	66%	34
Personal benefits score			
High	108	68%	32
Low	109	65%	35
Professionalism score			
High	108	69%	31
Low	109	64%	36
Military entry salary			
Acceptable or very adequate	193	65%	35
Low or unacceptable	24	75%	25
Favorability toward military			
High	60	95%	5
Neutral	42	74%	26
Low	114	48%	52
Student nurses, 3-year program	108	66%	34
Personal benefits score			
High	55	69%	31
Low	53	62%	38
Professionalism score			
High	49	67%	33
Low	59	64%	36
Favorability toward military			
High	26	92%	8
Neutral	27	74%	26
Low	54	48%	52
Student nurses, 4-year program	109	67%	33
Personal benefits score			
High	53	66%	34
Low	56	68%	32
Professionalism score			
High	59	69%	31
Low	50	64%	36
Favorability toward military			
High	34	97%	3
Neutral	15	73%	27
Low	60	48%	52

To student nurses the opportunity to travel is an important drawing card to military practice. When these students who have considered the military are asked why, in a free response question, about half of those in a four-year program, and more than a third in a three-year program, mention the travel opportunities afforded in such a practice. Next most important reasons are the benefits other than pay, and the fact that they could get financial aid for their education.

Many student nurses feel that a military practice would interfere with their marriage plans or, in the case of married nurses, their present family life. Among four-year program students such interference is not as important a reason, however, as is the idea of a two-year commitment.

An encouraging finding is that among all student nurses one in five is still considering the idea of a military practice.

Students who say they have not considered a military practice give as their main reason that they want to be their own boss.

Reasons Given for Considering Practicing Nursing in the Military

	Student Nurses		
	Total N=144	3-Year Program N=71	4-Year Program N=73
<u>Principal Reasons</u>			
Opportunity to travel	44%	37%	52%
Good benefits	34	44	25
Financial help for education	32	31	33
For the money	24	25	23
Patriotism	16	24	8
Experience	13	18	8
Security	10	10	11
Family tradition	6	7	5

N. 5A

Reasons Given for Not Acting Favorably on This Consideration

	Student Nurses		
	Total N=144	3-Year Program N=71	4-Year Program N=73
<u>Principal Reasons</u>			
Would interfere with my family life	22%	24%	21%
Didn't want two-year commitment	19	14	25
Want to be my own boss	16	14	18
Specific advantages in private practice	11	15	7
Not acceptable, rejected	6	6	7
Didn't want to move around	6	8	3
Haven't given up the idea, still under consideration	26	25	27

N. 5B

Reasons Given for Not Considering a Military Practice

	Student Nurses		
	Total N=73	3-Year Program N=37	4-Year Program N=36
<u>Principal Reasons</u>			
Want to be my own boss	42%	38%	47%
Didn't want two-year commitment	18	24	11
Would interfere with my family life	14	14	14
Didn't want to move around	12	11	14
Anti-military	12	5	19

N. 6

C. KNOWLEDGE ABOUT MILITARY NURSING PRACTICE

Brochures put out by the different branches of the military are important sources of information for student nurses, much more important than they are for other student groups studied. As shown in the table below, advertisements in professional journals are also an important source.

Those nurses who hold favorable attitudes toward a military practice also feel they are the most knowledgeable, as indicated by their scores in the table on the facing page.

Sources of Information About Military Nursing Practice

	Student Nurses		
	Total N=217	3-Year Program N=108	4-Year Program N=109
<u>Principal Sources</u>			
Brochures put out by the Army	53	50	55
Brochures put out by the Navy	50	45	54
Advertisements in professional journals	48	45	51
Brochures put out by the Air Force	47	52	41
Army, Navy, or Air Force recruiter	35	42	28
Nurses now in military practice	29	23	34
Nurses who have been in military practice in the past	27	20	34
Teachers in nursing school	15	12	17

Average Scores for Perceived Amount of Knowledge About a
Military Nursing Practice

	<u>N</u>	<u>Average Score</u>
Student nurses, total	217	2.8
Personal benefits score		
High	108	3.0
Low	109	2.7
Professionalism score		
High	108	2.9
Low	109	2.8
Military entry salary		
Acceptable or very adequate	193	2.9
Low or unacceptable	24	2.7
Favorability toward military		
High	60	3.3
Neutral	42	3.0
Low	114	2.6
Student nurses, 3-year program	108	2.8
Personal benefits score		
High	55	3.0
Low	53	2.6
Professionalism score		
High	49	2.9
Low	59	2.8
Favorability toward military		
High	26	3.4
Neutral	27	2.9
Low	54	2.5
Student nurses, 4-year program	109	2.9
Personal benefits score		
High	53	3.0
Low	56	2.8
Professionalism score		
High	59	2.9
Low	50	2.9
Favorability toward military		
High	34	3.3
Neutral	15	3.1
Low	60	2.6

Student nurses are least knowledgeable about the military retirement plan and about the entry rank in a military practice.

Virtually all of these students know that they can earn an advanced nursing degree in the military.

Note that knowledge about the salary range is higher among nurses than any other group measured. Where the salary is not known, student nurses underestimate the salary range almost twice as often as they overestimate it.

Measured Knowledge Among Students About a Military Nursing Practice

	Total N=217	Student Nurses (% Correct)	
		5-Year Program N=108	4-Year Program N=109
Amount of retirement benefits	42	45	39
Rank upon entry	48	49	48
Noncontributory retirement plan	53	51	54
Salary range	58	54	62
Amount of paid annual leave	62	58	66
Negotiability of initial assignment	68	69	66
Minimum active duty obligation	77	73	81
Nontaxable housing allowance	78	78	78
Married nurses permitted in military	87	91	83
Earn advanced nursing degree in military	96	97	95

D. FAVORABILITY/DISINCENTIVES

Favorability toward the military, across the board, is higher among student nurses than among any of the other health professional groups studied, with one exception. Only dental students are as favorable as student nurses toward a 2-5 year tour, but they are less favorable than student nurses on the military in general or as a 20-year career.

Otherwise the patterns of answers to these three favorability questions are similar to those for the other health professionals.

The score range on these questions ran from 1 (unfavorable) to 10 (favorable).

Among student nurses reaction to the military in general is more favorable among students in three-year programs than among those in four-year programs, but when it comes to a question of an actual military practice, no significant differences can be found between 3-year and 4-year nursing students.

Weighted Scores for Favorability Toward Military Service

	N	Favorability Scores		
		Military in General	Military Nursing For 2-5 Years	Military Nursing For 20 Years
Student nurses, total	217	6.0	4.7	3.0
Personal benefits score				
High	108	6.2	4.7	3.3
Low	109	5.7	4.8	2.6
Professionalism score				
High	108	5.9	4.6	2.8
Low	109	6.1	4.9	3.1
Military entry salary				
Acceptable or very adequate	193	6.0	4.7	2.9
Low or unacceptable	24	5.8	4.8	3.3
Favorability toward military				
High	60	7.6	8.1	5.2
Neutral	42	6.6	5.4	3.1
Low	114	4.8	2.7	1.7
Student nurses, 3-year program	108	6.4	4.8	2.8
Personal benefits score				
High	55	6.5	4.6	3.2
Low	53	6.3	5.0	2.4
Professionalism score				
High	49	6.2	4.4	2.6
Low	59	6.6	5.1	2.9
Favorability toward military				
High	26	7.9	8.4	5.0
Neutral	27	7.3	5.4	2.9
Low	54	5.2	2.7	1.7
Student nurses, 4-year program	109	5.5	4.7	3.1
Personal benefits score				
High	53	5.9	4.7	3.5
Low	56	5.2	4.6	2.8
Professionalism score				
High	59	5.6	4.7	2.9
Low	50	5.4	4.6	3.4
Favorability toward military				
High	34	7.3	7.9	5.4
Neutral	15	5.5	5.5	3.7
Low	60	4.5	2.6	1.7

N. 19A,B,C

Student nurses discriminate very little when rating the importance of a number of deterrents to a military practice. Recall that the score range was from 1 (not at all important) to 4 (very important). Thus, on most of the points shown opposite, it may be said that student nurses see these as deterrents of some but not extreme importance.

At many points in the analysis a conflict between military life and married life is perceived by student nurses. Military discipline is also perceived to be more of a problem than some of the other issues listed.

Weighted Scores for Not Wanting to
Practice in the Military

	Student Nurses		
	Total N=217	3-Year Program N=108	4-Year Program N=109
Couldn't get married and locate permanently in one place	3.0	3.1	2.9
Dislike military discipline	3.0	2.9	3.1
Would have to move around too much	2.6	2.7	2.5
Object to concept of rank	2.6	2.5	2.6
Too much male ego in military	2.6	2.4	2.8
Don't like to wear a uniform	2.2	2.2	2.2
Don't want to go through rigorous physical training	2.1	2.1	2.1

N. 22A-G

E. CAREER ELEMENTS

Among student nurses the foremost career element sought is the opportunity to accomplish something worthwhile.

Students in three-year programs also look for respect and the opportunity to live in the community they choose.

Four-year program students place high importance on an opportunity for continued education and having a challenging practice.

Findings indicate that nurses in a three-year program are thinking more seriously of marriage, while four-year program nurses are more career-oriented.

Student nurses in both programs place a 40-hour week and early retirement at the bottom of the list of career elements.

Rank Order of Importance of Nursing Career Elements

	Student Nurses		
	Total N=217	3-Year Program N=108	4-Year Program N=109
Having a chance to feel you are really accomplishing something worthwhile	1	1	1
Having a chance to continue your education and training	2	4	2
Being treated with respect and consideration	3	2	4.5
Having a varied and challenging practice	4	6.5	3
Being associated with professionals you respect	5	6.5	4.5
Having a job which allows you to live in the kind of community or area you want	6	3	6
Developing a meaningful, continued relationship with your patients	7	5	7
Having a good income	8	8	9.5
Having a good retirement program	9	10	8
Having modern, up-to-date medical equipment	10	9	11
Having an opportunity to advance or get promoted	11	11	9.5
Being able to attend professional conferences	12	12	12
Having an opportunity to travel	13	14	13
Being able to take a month's vacation every year	14	13	14
Having a position of prestige in the community	15	16	15
Working a 40-hour week	16	15	17
Being able to retire at an early age	17	17	16

N. 20,21A-Q

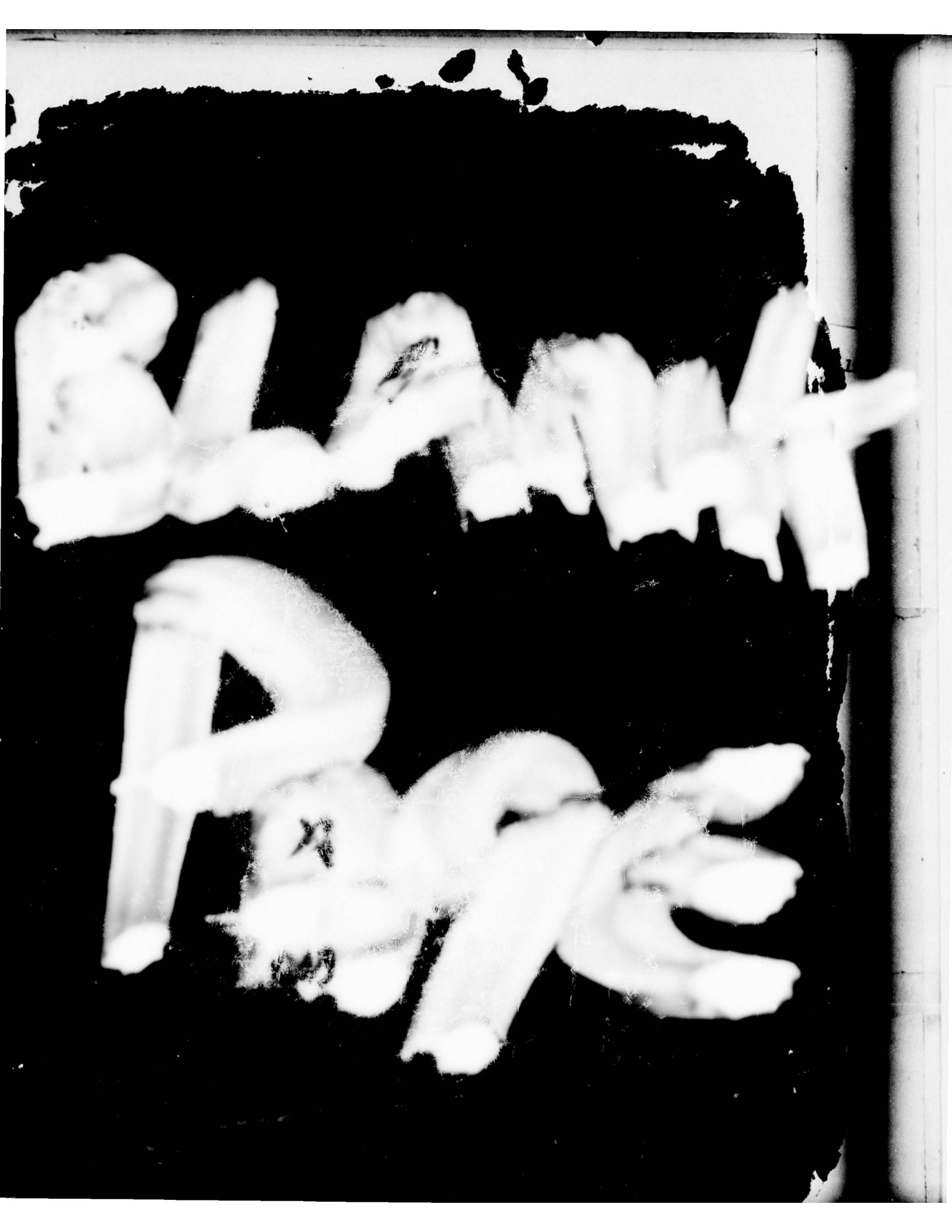
Note: Rank order 1 is assigned to the career element that has the largest number of "very important" responses.

Discrepancy analysis results reported on the facing and following pages are of a pattern very much different from that of the other health professional groups.

Of the 17 career elements only one is judged to be significantly poorer in a military practice than in a civilian practice. This aspect deals with choice of community in which to live.

The military receives high scores on some of the most desirable career aspects including:

- Having a chance to continue one's training
- Having a varied and challenging practice



Comparative Analysis -- Importance of
Career Elements vs. Their Presence in
Nonmilitary and Military Practice

		Student Nurses N=217	
		<u>%</u> <u>Important</u>	<u>% Not</u> <u>Important</u>
Having a chance to feel you are really accom- plishing something worthwhile	% Better in Military	19	0
	% Poorer in Military	9	0
Having a chance to con- tinue your education and training	Better in Military	60	0
	Poorer in Military	2	0
Being treated with respect and considera- tion	Better in Military	21	0
	Poorer in Military	10	0
Having a varied and challenging practice	Better in Military	35	*
	Poorer in Military	14	0
Being associated with professionals you respect	Better in Military	21	*
	Poorer in Military	15	0
Having a job which al- lows you to live in the kind of community or area you want	Better in Military	11	0
	Poorer in Military	54	0
Developing a meaning- ful, continued rela- tionship with your patients	Better in Military	13	*
	Poorer in Military	12	0
Having a good income	Better in Military	43	2
	Poorer in Military	9	0

(Continued on next page)

Comparative Analysis -- Importance of
Career Elements vs. Their Presence in
Nonmilitary and Military Practice (Cont'd)

		Student Nurses N=217	
		<u>%</u> <u>Important</u>	<u>% Not</u> <u>Important</u>
Having a good retire- ment program	% Better in Military % Poorer in Military	72 0	6 0
Having modern, up-to- date medical equipment	Better in Military Poorer in Military	37 3	* 0
Having an opportunity to advance or get promoted	Better in Military Poorer in Military	48 4	0 0
Being able to attend professional confer- ences	Better in Military Poorer in Military	30 3	1 1
Having an opportunity to travel	Better in Military Poorer in Military	66 3	8 0
Being able to take a month's vacation every year	Better in Military Poorer in Military	55 1	6 0
Having a position of prestige in the community	Better in Military Poorer in Military	11 12	2 3
Working a 40-hour week	Better in Military Poorer in Military	12 3	3 3
Being able to retire at an early age	Better in Military Poorer in Military	26 *	24 *

Comparative Analysis -- Summary Table for
Top-Ranked Items

		Student Nurses			
		3-Year Program N=108		4-Year Program N=109	
		% Important	% Not Important	% Important	% Not Important
Having a chance to feel you are really accom- plishing something worthwhile	% Better in Military	21	0	17	0
	% Poorer in Military	6	0	12	0
Having a chance to con- tinue your education and training	Better in Military	63	0	57	0
	Poorer in Military	0	0	4	0
Being treated with respect and considera- tion	Better in Military	20	0	21	0
	Poorer in Military	9	0	11	0
Having a varied and challenging practice	Better in Military	40	1	29	0
	Poorer in Military	(7)	0	(21)	0
Being associated with professionals you respect	Better in Military	22	1	19	0
	Poorer in Military	(8)	0	(21)	0
Having a job which al- lows you to live in the kind of community or area you want	Better in Military	11	0	11	0
	Poorer in Military	55	0	53	0
Developing a meaning- ful, continued rela- tionship with your patients	Better in Military	12	1	14	0
	Poorer in Military	14	0	11	0
Having a good income	Better in Military	45	3	41	1
	Poorer in Military	6	0	12	0

F. CONDITIONS OF MILITARY PRACTICE

As shown in the table on the facing page, nurses place high importance on the negotiability of the initial military assignment and on the opportunity to earn an advanced degree. Scores shown in the table are derived from a 4-point scale, and the 3.6 score can be interpreted as high importance.

On all other conditions, except entry rank, scores indicate ratings of "somewhat important" or above.

Weighted Scores for Importance of Conditions in a
Military Nursing Practice

	Student Nurses		
	Total N=217	3-Year Program N=108	4-Year Program N=109
Negotiability of initial assignment	3.6	3.6	3.6
Earn advanced nursing degree in military	3.6	3.6	3.6
Amount of paid annual leave	3.4	3.3	3.5
Retirement plan aspects	3.3	3.3	3.3
Minimum active duty obligation	3.3	3.3	3.3
Salary range	3.2	3.3	3.2
Nontaxable housing allowance	3.2	3.3	3.1
Married nurses permitted in military	3.2	3.3	3.0
Rank upon entry	2.5	2.6	2.5

N. 33A-I

As mentioned earlier in this chapter, the military has been successful in getting across to student nurses the facts about advanced education opportunities in a military nursing practice. Sizeable minorities of these students, however, lack knowledge that might improve recruiting results.

Specifically, about three student nurses in ten, think negotiability of the initial assignment is an important condition of a military practice and does not know that opportunities for such negotiability exist.

The table indicates several other areas where there is an important lack of knowledge.

Comparative Analysis -- Importance of Specific
Conditions of Military Nursing Practice vs. Knowledge
of the Conditions

		Student Nurses			
		3-Year Program N=108		4-Year Program N=109	
		% Important	% Not Important	% Important	% Not Important
Retirement plan aspects (50% of base pay)	% Correct	39	6	33	6
	% Incorrect	44	9	50	6
Salary range	Correct	49	5	50	12
	Incorrect	43	4	32	5
Retirement plan aspects (noncontributory)	Correct	44	7	48	6
	Incorrect	40	8	34	6
Amount of paid annual leave	Correct	51	7	61	5
	Incorrect	37	5	29	3
Negotiability of initial assignment	Correct	66	4	61	6
	Incorrect	28	2	32	2
Rank upon entry	Correct	22	27	31	17
	Incorrect	27	24	19	31
Minimum active duty obligation	Correct	60	13	70	11
	Incorrect	23	4	17	2
Nontaxable housing allowance	Correct	65	13	64	14
	Incorrect	18	5	13	6
Married nurses per- mitted	Correct	73	18	55	28
	Incorrect	7	2	7	8
Earn advanced degree	Correct	89	8	87	8
	Incorrect	3	0	5	0

Special tabulation

Student nurses rate the military entry salary somewhat higher than "acceptable."

When student nurses who did not rate the salary as "very adequate" were asked to rate it again, assuming important changes were made in conditions of practice, one in four reports willingness to give the salary top rating. This would then mean that, with the changes indicated in the table at the bottom of the facing page, 56% of the student nurses interviewed would rate the entry salary as "very adequate."

	<u>N</u>	<u>Weighted Score</u>
Student nurses, total	217	3.3
3-year program	108	3.4
4-year program	109	3.2
Personal benefits score		
High	108	3.2
Low	109	3.4
Professionalism score		
High	108	3.2
Low	109	3.4
Military entry salary		
Acceptable or very adequate	193	3.5
Low or unacceptable	24	2.0
Favorability toward military		
High	60	3.4
Neutral	42	3.2
Low	114	3.3

Adequacy of Nurses' Entry Salary

	Student Nurses		
	Total N=217	3-Year Program N=108	4-Year Program N=109
Very adequate	42%	49%	35%
Acceptable	47	43	51
A bit low	11	7	14
Totally unacceptable	*	1	0

N. 39A

Adequacy of Salary If Important Changes Were
Made in Conditions of Military Practice

	Student Nurses		
	Total N=126	3-Year Program N=55	4-Year Program N=71
Very adequate	25%	29%	21%
Acceptable	65	60	69
A bit low	10	11	10
Totally unacceptable	0	0	0

N. 39B

Note: This question was not asked of nurses whose initial opinion of the entry salary is "very adequate."

Necessary Changes Named by Students Who
Say Their Rating of the Entry Salary
Would Improve If Changes Were Made

	Student Nurses		
	Total N=44	3-Year Program N=19	4-Year Program N=25
<u>Principal Changes</u>			
Increased benefits other than salary	20%	16%	24%
Choice of location	16	11	20
Make it possible to live off base	14	16	12
No set term of duty	11	21	4

N. 39C

G. PROBABILITIES OF ENTERING MILITARY PRACTICE

That the military is in a desirable recruiting position with student nurses is indicated by the relatively high probabilities shown on the facing page and the pages immediately following.

Knowledge of the facts appears to be somewhat effective in increasing the reported probability of joining. Overall, with increased knowledge, the probability of entering a military practice increases for all sub-groups of nurses.

The greatest change in probabilities occurs among 3-year program students who score high on professionalism and also among those who are initially low on favorability toward a military practice.

Negotiability of assignment is the fact singled out most often as effecting a positive change in probability of entry.

Student nurses who apparently are considering a military practice place the Air Force in first position as their preferred branch.

Weighted Probabilities of Students' Entering Military Practice

	N	Weighted Probability (In Percent)	
		<u>Before Facts</u>	<u>After Facts</u>
Student nurses, total	217	27	32
Personal benefits score			
High	108	30	34
Low	109	24	29
Professionalism score			
High	108	26	34
Low	109	27	30
Military entry salary			
Acceptable or very adequate	193	27	32
Low or unacceptable	24	22	27
Favorability toward military			
High	60	50	53
Neutral	42	31	37
Low	114	13	19
Student nurses, 3-year program	108	27	33
Personal benefits score			
High	55	29	34
Low	53	26	32
Professionalism score			
High	49	25	34
Low	59	29	32
Military entry salary			
Acceptable or very adequate	99	27	33
Low or unacceptable	9	30	37
Favorability toward military			
High	26	50	52
Neutral	27	36	42
Low	54	12	20
Student nurses, 4-year program	109	27	30
Personal benefits score			
High	53	31	34
Low	56	22	27
Professionalism score			
High	59	27	33
Low	50	26	27
Military entry salary			
Acceptable or very adequate	94	28	32
Low or unacceptable	15	17	21
Favorability toward military			
High	34	50	54
Neutral	15	24	27
Low	60	14	18

Probability of Students' Entering Military Practice,
Before Facts Are Known

<u>Probabilities</u>	<u>Student Nurses</u>		
	<u>Total</u> <u>N=217</u>	<u>3-Year</u> <u>Program</u> <u>N=108</u>	<u>4-Year</u> <u>Program</u> <u>N=109</u>
0%	28%	27%	27%
10%	16	14	17
20%	10	10	10
30%	12	14	11
40%	10	8	11
50%	12	14	9
60%	2	3	2
70%	4	3	6
80%	3	3	4
90%	2	3	2
100%	1	1	1

N. 30

Branch Preference of Students Who Say
Their Probability of Entering Military Is 50%
or Higher

	<u>Student Nurses</u>		
	<u>Total</u> <u>N=53</u>	<u>3-Year</u> <u>Program</u> <u>N=28</u>	<u>4-Year</u> <u>Program</u> <u>N=25</u>
Air Force	43%	46%	40%
Army	19	11	28
Navy	32	36	28
Don't know	6	7	4

N. 31

Magnitude of Changes in Probabilities, After Facts Are Known

<u>Probability Change</u>	<u>Student Nurses</u>		
	<u>Total</u> <u>N=56</u>	<u>3-Year</u> <u>Program</u> <u>N=31</u>	<u>4-Year</u> <u>Program</u> <u>N=25</u>
Negative	5%	3%	8%
Positive			
10 percentage points	41	45	36
20	30	23	40
30	11	13	8
40	4	3	4
60	5	10	0
80	2	0	4
	2	3	0

N. 30,34 Special tabulation

Facts That Cause Positive Changes in Probabilities

	<u>Student Nurses</u>		
	<u>Total</u> <u>N=53</u>	<u>3-Year</u> <u>Program</u> <u>N=30</u>	<u>4-Year</u> <u>Program</u> <u>N=23</u>
Negotiability of location assignment	75%	63%	91%
Earn advanced degree	58	47	74
Amount of paid annual leave	57	50	65
Minimum active duty obligation	49	47	52
Retirement plan aspects	45	40	52
Salary range	42	40	43
Married nurses permitted	40	43	35
Nontaxable housing allowance	25	20	30

N. 35

Several internal changes, all dealing with more options, would appear to have an important effect on recruiting efforts. Note in the table opposite that large majorities of student nurses say their probabilities of entering a military practice would increase if they had the option - - -

- to leave after a *six-month* probationary period
- to leave if dissatisfied with their location assignment
- to choose to stay permanently in one location.

Perceived Effects of Internal Changes on
Probabilities of Entering Military Practice

	Student Nurses		
	Total N=217	3-Year Program N=108	4-Year Program N=109
<u>Probabilities Would Increase with This Change</u>			
Six month probationary period with option to leave	88%	89%	86%
Option to leave service if dis- satisfied with location assignment	85	86	83
Choice to stay permanently in location	84	86	82
Nurses in civil service chain of command	46	40	52
Nurses not required to wear military uniforms	32	33	30

N. 36A-E

Perceived Effects of External Changes on
Probabilities of Entering Military Practice

	Student Nurses		
	Total N=217	3-Year Program N=108	4-Year Program N=109
<u>Probabilities Would Increase with This Change</u>			
Nurses become susceptible to malpractice suits	41%	45%	36%
Introduction of socialized medicine in U.S.	28	37	18

N. 38A,B

When student nurses were asked a free response question concerning necessary changes for increasing their probability of entering the military, top mention is for getting rid of a set term of duty. Next most frequently named change is to offer a choice of location.

Changes Named (Without Prompting) That Might
Increase Probabilities of Entering Military

	Student Nurses		
	Total N=217	3-Year Program N=108	4-Year Program N=109
<u>Principal Changes</u>			
No set term of duty	29%	32%	25%
Choice of location	21	21	21
Less military atmosphere	12	9	15
Permanence of location	8	10	6
Make it possible for husbands and wives to be together	7	10	4
Increased income	5	2	7
Opportunities for continuing education	3	5	2

H. INFLUENCERS

The most important influencer on the career decisions of student nurses is the parent, who is cited half again as many times as is the spouse or fiancée.

A special analysis, not shown opposite, indicates that parents' advice about considering a military practice is much more often favorable than is the advice offered by a spouse or fiancée.

Career Decision Influencers

	<u>Student Nurses' Influencers</u>		
	<u>Total</u> <u>N=431</u>	<u>3-Year</u> <u>Program</u> <u>N=230</u>	<u>4-Year</u> <u>Program</u> <u>N=201</u>
Parent	31%	34%	29%
Spouse (fiancee)	20	18	21
Friend	19	19	19
Other relative	11	13	9
Teacher	11	9	13
Other	8	7	9
Nurse influencer in military now	3%	3%	4%
Nurse influencer had military medical experience	3	3	2
Nurse influencer had no military medical experience	19	20	19
Influencer was not a nurse	73	73	72

N. 23-25

Nature of Influencers' Advice

	<u>Student Nurses' Influencers</u>		
	<u>Total</u> <u>N=431</u>	<u>3-Year</u> <u>Program</u> <u>N=230</u>	<u>4-Year</u> <u>Program</u> <u>N=201</u>
Advice involved consideration of military practice	38%	38%	37%
Did not	59	60	58
Don't remember	3	2	5
Advice involved consideration of military practice	<u>N=163</u>	<u>N=88</u>	<u>N=75</u>
Very favorable advice	27%	28%	27%
Somewhat favorable	22	23	21
Neutral	17	14	21
Somewhat unfavorable	15	12	17
Very unfavorable	18	23	12
Don't remember	1	0	2

N. 26,27

Only about half of the student nurses have talked with a recruiter.

In a majority of cases the recruiter was part of a nurses recruiter team and only one student in twelve reports having an unfavorable impression of the recruiter.

Experience with Military Service Recruiters

	<u>Student Nurses</u>		
	<u>Total</u> <u>N=217</u>	<u>3-Year</u> <u>Program</u> <u>N=108</u>	<u>4-Year</u> <u>Program</u> <u>N=109</u>
Have talked with one or more recruiters	49%	53%	45%
No experience with recruiter	51	47	55

N. 28

Recruiter Characteristics

	<u>Student Nurses' Recruiter</u>		
	<u>Total</u> <u>N=136</u>	<u>3-Year</u> <u>Program</u> <u>N=70</u>	<u>4-Year</u> <u>Program</u> <u>N=66</u>
Part of nurses recruiter team	55%	60%	50%
General recruiter	34	34	33
Nonrecruiter, but in military	7	4	9
Other	2	0	5
Don't remember	2	2	3
Very favorable reaction to recruiter	33%	33%	33%
Somewhat favorable	43	45	41
Neutral	16	16	17
Somewhat unfavorable	7	6	7
Very unfavorable	1	0	2
	8 }	8%	

N. 29A,B

APPENDIX

51334
120375
Form A

OMB No.: 22-S-75008

Approval Expires: April, 1976

Time Interview Starts: _____

Respondent #: _____

PHYSICIAN (PRACTICING OR RESIDENT) INTERVIEW

Hello, I'm from Opinion Research Corporation of Princeton, New Jersey.

I'm here to conduct the interview for the Department of Defense. Before beginning, however, I'd like to review some of the points made in the letter you received describing the study.

First of all, this survey has been authorized under Department of Defense Contract MDA 903 75 C 0221.

The purpose is to obtain guidance for the development of a program to attract health professionals to career opportunities in military service.

Your interview will be combined with those of other professional people across the United States; it will never be studied individually. Records containing the identity of individuals participating in this study will not be disclosed or transferred to any public or private agency outside of Opinion Research Corporation. Moreover, identifying information will be destroyed within 30 days of this interview.

AD-A056 989

OPINION RESEARCH CORP PRINCETON NJ

F/G 5/9

STUDY ON THE RECRUITMENT OF MEDICAL PROFESSIONALS FOR THE MILIT--ETC(U)

MDA903-75-C-0221

NL

UNCLASSIFIED

3 of 3

AD
A056 989



END
DATE
FILMED
9-78

DDC

1. Have you ever been in the United States military service?

- 1 YES
- 2 NO —————> SKIP TO Q. 4

IF YES, ASK:

SHOW EXHIBIT A

2a. In general, how satisfied were you with your service? Please pick a statement on this scale that indicates your satisfaction.

- 1 COMPLETELY SATISFIED
- 2 MOSTLY SATISFIED
- 3 SOMEWHAT SATISFIED
- 4 NEUTRAL
- 5 SOMEWHAT DISSATISFIED
- 6 MOSTLY DISSATISFIED
- 7 COMPLETELY DISSATISFIED

TAKE BACK EXHIBIT A

2b. Did you practice medicine while you were in the service?

- 1 YES
- 2 NO —————> SKIP TO Q. 4

IF YES, ASK:

3. Why didn't you stay in the military? (PROBE FOR SPECIFIC REASON. DO NOT ACCEPT VAGUE ANSWER SUCH AS "I didn't like it.")



SKIP TO INSTRUCTION AT BOTTOM OF PAGE 3.

IF NO ON Q. 1 OR Q. 2b, ASK:

4. Did you ever consider practicing medicine in the military?

1 YES

2 NO ———▶ SKIP TO Q. 6

IF YES, ASK:

5a. Why did you consider practicing medicine in the military?

☐

5b. What made you decide not to go into military practice?

☐

SKIP TO INSTRUCTION AT BOTTOM OF PAGE.

IF NO ON Q. 4, ASK:

6. Why didn't you consider a military practice?

☐

INTERVIEWER SAY: The next questions call for your marking your own answers. The questions can be answered by circling the number of the answers that are closest to your opinion.

TURN PAGE, HAND RESPONDENT QUESTIONNAIRE AND PENCIL.

7. First we'd like to get an idea of how much you think you know about military medical practice. Would you say you feel --

- 1 VERY WELL INFORMED ABOUT THE CONDITIONS OF A MILITARY PRACTICE
- 2 SOMEWHAT WELL INFORMED
- 3 ABOUT AVERAGE
- 4 SOMEWHAT POORLY INFORMED, OR
- 5 VERY POORLY INFORMED

8. Please circle all of the following sources where you have gotten some information about military medical practice.

- 1 BROCHURES PUT OUT BY THE ARMY
 - 2 BROCHURES PUT OUT BY THE AIR FORCE
 - 3 BROCHURES PUT OUT BY THE NAVY
 - 4 ADVERTISEMENTS IN PROFESSIONAL JOURNALS
 - 5 ARMY, NAVY, OR AIR FORCE RECRUITER
 - 6 PHYSICIANS NOW IN MILITARY PRACTICE
 - 7 PHYSICIANS WHO HAVE BEEN IN MILITARY PRACTICE IN THE PAST
 - 8 PHYSICIANS WHO HAVE NEVER BEEN IN MILITARY PRACTICE
 - 9 TEACHERS IN MEDICAL SCHOOL
 - 10 OTHER - Please describe: _____
- _____

PLEASE GO ON TO NEXT PAGE

These next questions are designed to measure your knowledge of a number of specific conditions of a military medical practice. Please answer the questions by circling the number of the answer you think is correct.

9. The minimum rank at which a physician goes on active duty currently in the Army, Air Force/Navy is that of. . .

- 1 SECOND LIEUTENANT/ENSIGN
- 2 FIRST LIEUTENANT/LIEUTENANT JUNIOR GRADE
- 3 CAPTAIN/LIEUTENANT
- 4 MAJOR/LT. COMMANDER
- 5 LIEUTENANT COLONEL/COMMANDER

10. The minimum active duty obligation for a physician is. . .

- 1 ONE YEAR
- 2 TWO YEARS
- 3 THREE YEARS
- 4 FOUR YEARS
- 5 SIX YEARS

11. Usual salaries for physicians entering active duty, including base pay, special pay, and bonuses, are currently in the range of. . .

- 1 \$15,000 - \$20,000
- 2 \$20,000 - \$25,000
- 3 \$25,000 - \$30,000
- 4 \$30,000 - \$35,000
- 5 \$35,000 - \$40,000
- 6 \$40,000 - \$45,000

12. The initial location assignment of physicians can be negotiated prior to incurring an obligation.

- 1 TRUE
- 2 FALSE

13. To date military physicians have not experienced personal liability in malpractice cases.

- 1 TRUE
- 2 FALSE

14. Military physicians receive a paid annual leave of. . .

- 1 10 DAYS
- 2 15 DAYS
- 3 20 DAYS
- 4 25 DAYS
- 5 30 DAYS

15. Physicians who complete 20 years of active duty can collect retirement benefits equal to. . .

- 1 10% OF THEIR BASE PAY
- 2 25% OF THEIR BASE PAY
- 3 50% OF THEIR BASE PAY
- 4 75% OF THEIR BASE PAY
- 5 100% OF THEIR BASE PAY

PLEASE GO ON TO NEXT PAGE.

16. Housing and subsistence allowances paid to military physicians represent taxable income.

- 1 TRUE
- 2 FALSE

17. The retirement plan for military physicians is noncontributory.

- 1 TRUE
- 2 FALSE

18. Historically, medical officers have tended to receive more rapid promotions, on the average, than their nonmedical counterparts.

- 1 TRUE
- 2 FALSE

PLEASE RETURN THIS QUESTIONNAIRE TO YOUR INTERVIEWER.

SHOW EXHIBIT B

- 19a. I'd like to get your attitude toward military service in general. Using this card, please tell me how favorable or unfavorable you are toward the military. Remember, the higher the number, the more favorable you are. Just tell me the number.

1 2 3 4 5 6 7 8 9 10

X NO OPINION
Y REFUSED

- 19b. Now, still using this scale, please tell me how favorable or unfavorable you yourself feel toward being a physician in the military for a period of two to five years?

1 2 3 4 5 6 7 8 9 10

X NO OPINION
Y REFUSED

- 19c. Well, how favorable or unfavorable do you yourself feel toward a career in the military as a physician. By a career I mean 20 years of service.

1 2 3 4 5 6 7 8 9 10

X NO OPINION
Y REFUSED

TAKE BACK EXHIBIT B

INTERVIEWER SAY: Here are some more questions that call for your marking your own answers.

TURN PAGE, HAND RESPONDENT QUESTIONNAIRE AND PENCIL.

20. People differ some on what they think is important to them in their careers. We would like to find out how important various things are to you in your career. Please read the following statements and circle the number that tells how important each is to you. Circle one number for each statement.

	VERY IMPOR- TANT	SOME- WHAT IMPOR- TANT	OF AVERAGE IMPOR- TANCE	NOT TOO IMPOR- TANT	NOT AT ALL IMPOR- TANT	NO OPINION
a. Making your own decisions, in general	1	2	3	4	5	6
b. Having an opportunity to travel	1	2	3	4	5	6
c. Having a good retirement program	1	2	3	4	5	6
d. Having a good income	1	2	3	4	5	6
e. Being associated with professionals you respect	1	2	3	4	5	6
f. Having a job which allows you to live in the kind of community or area you want	1	2	3	4	5	6
g. Having an opportunity to advance or get promoted	1	2	3	4	5	6
h. Having a chance to continue your education and training	1	2	3	4	5	6
i. Having modern, up-to-date medical equipment	1	2	3	4	5	6
j. Having a varied and challenging practice	1	2	3	4	5	6
k. Having a chance to feel you are really accomplishing something worthwhile	1	2	3	4	5	6
l. Being able to retire at an early age	1	2	3	4	5	6
m. Being free of pressure from patient overload	1	2	3	4	5	6
n. Working a 40-hour week	1	2	3	4	5	6
o. Being treated with respect and consideration	1	2	3	4	5	6
p. Developing a meaningful, continued relationship with your patients	1	2	3	4	5	6
q. Being free of administrative responsibility	1	2	3	4	5	6
r. Being able to hire and fire members of your staff	1	2	3	4	5	6
s. Having a position of prestige in the community	1	2	3	4	5	6
t. Being able to take a month's vacation every year	1	2	3	4	5	6
u. Being able to attend professional conferences	1	2	3	4	5	6
v. Being free of worry about mal-practice suits	1	2	3	4	5	6

21. Now consider what you know or have heard about practicing medicine in the military. Compared to your own practice (or the practice you intend to have), how would you rate a military practice on being able to provide each of these opportunities. Please circle one number for each statement.

Compared to my practice, military practice would be...

	MUCH BETTER ON THIS POINT	SOME- WHAT BETTER	ABOUT THE SAME	SOME- WHAT POORER	MUCH POORER	NO OPINION
a. Making your own decisions, in general	1	2	3	4	5	6
b. Having an opportunity to travel	1	2	3	4	5	6
c. Having a good retirement program	1	2	3	4	5	6
d. Having a good income	1	2	3	4	5	6
e. Being associated with professionals you respect	1	2	3	4	5	6
f. Having a job which allows you to live in the kind of community or area you want	1	2	3	4	5	6
g. Having an opportunity to advance or get promoted	1	2	3	4	5	6
h. Having a chance to continue your education and training	1	2	3	4	5	6
i. Having modern, up-to-date medical equipment	1	2	3	4	5	6
j. Having a varied and challenging practice	1	2	3	4	5	6
k. Having a chance to feel you are really accomplishing something worthwhile	1	2	3	4	5	6
l. Being able to retire at an early age	1	2	3	4	5	6
m. Being free of pressure from patient overload	1	2	3	4	5	6
n. Working a 40-hour week	1	2	3	4	5	6
o. Being treated with respect and consideration	1	2	3	4	5	6
p. Developing a meaningful, continued, relationship with your patients	1	2	3	4	5	6
q. Being free of administrative responsibility	1	2	3	4	5	6
r. Being able to hire and fire members of your staff	1	2	3	4	5	6
s. Having a position of prestige in the community	1	2	3	4	5	6
t. Being able to take a month's vacation every year	1	2	3	4	5	6
u. Being able to attend professional conferences	1	2	3	4	5	6
v. Being free of worry about malpractice suits	1	2	3	4	5	6

PLEASE GO ON TO NEXT PAGE.

22. Following are a number of reasons health professionals might have for not wanting to practice in the military. How important is each of these reasons for you. Please circle one number across for each reason.

	Reasons for NOT Choosing Military Practice			
	VERY IMPORTANT	SOMEWHAT IMPORTANT	NOT VERY IMPORTANT	NOT AT ALL IMPORTANT
a. Dislike military discipline	1	2	3	4
b. Object to concept of rank	1	2	3	4
c. Don't like to wear a uniform	1	2	3	4
d. Could not control my training in a specialty	1	2	3	4
e. Don't want to go through rigorous physical training	1	2	3	4
f. Would have to move my family around too much	1	2	3	4
g. Would lose control of the kinds of cases I'd take	1	2	3	4
h. Practice would be more administrative than clinical	1	2	3	4
i. Could not control the type of treatment I prescribe	1	2	3	4
j. Fear that confidentiality in doctor-patient relationships could break down	1	2	3	4

PLEASE RETURN THIS QUESTIONNAIRE TO YOUR INTERVIEWER.

SHOW EXHIBIT C

23. This list shows a number of different people who might have influence on career decisions. In your case, who are the two or three people who were most influential in the advice they gave you? Just tell me the numbers.

	1ST INFLUENTIAL	2ND INFLUENTIAL	3RD INFLUENTIAL
SPOUSE, FIANCE(E)	1	1	1
PARENT	2	2	2
OTHER RELATIVE	3	3	3
FRIEND	4	4	4
TEACHER	5	5	5
OTHER (SPECIFY):	6	6	6
NO ONE → SKIP TO Q. 28	7	7	7

TAKE BACK EXHIBIT C

24. Was (EACH INFLUENCER ON Q. 23) a physician?

YES	1	1	1
NO	2	2	2

IF YES ON Q. 24, ASK:

25. At the time he/she advised you, was he/she in a military medical practice, or had he/she ever been in a military practice?

IN MILITARY PRACTICE	1	1	1
HAD BEEN	2	2	2
NEVER HAD BEEN	3	3	3
DON'T KNOW	4	4	4

26. In the advice that (EACH INFLUENCER IN Q. 23) gave you, did it involve whether or not you should consider a military practice?

YES	1	1	1
NO	2	2	2
DON'T REMEMBER	3	3	3

IF YES ON ANY PART OF Q. 26, ASK FOR THAT INFLUENCER:

SHOW EXHIBIT D

27. How favorable would you say _____'s advice was about a military medical practice?

VERY FAVORABLE	1	1	1
SOMEWHAT FAVORABLE	2	2	2
NEUTRAL	3	3	3
SOMEWHAT UNFAVORABLE	4	4	4
VERY UNFAVORABLE	5	5	5
DON'T REMEMBER	6	6	6

TAKE BACK EXHIBIT D

28. Have you ever talked with a recruiter or someone representing a military service about a career as a physician in that service?

- 1 YES
2 NO → SKIP TO Q. 30

IF YES ON Q. 28, ASK:

SHOW EXHIBIT E

1ST RECRUITER

2ND RECRUITER

29a. Who was he?

GENERAL RECRUITER

1

1

RECRUITER - PART OF MEDICAL

2

2

RECRUITER TEAM

NONRECRUITER - BUT SOMEONE

3

3

IN THE MILITARY

OTHER (Specify):

4

4

DON'T REMEMBER

5

5

TAKE BACK EXHIBIT E

SHOW EXHIBIT D AGAIN

29b. What was your reaction to him?
How favorable would you say your
reaction was?

VERY FAVORABLE

1

1

SOMEWHAT FAVORABLE

2

2

NEUTRAL

3

3

SOMEWHAT UNFAVORABLE

4

4

VERY UNFAVORABLE

5

5

DON'T REMEMBER

6

6

TAKE BACK EXHIBIT D

29c. Why do you say that?

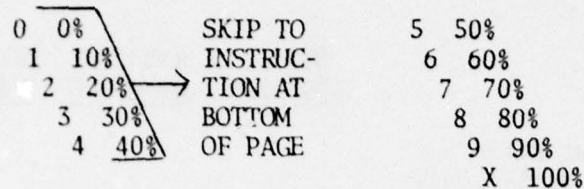
☐
☐

29d. How could the recruiter have been
more effective in dealing with
you?

☐
☐

SHOW EXHIBIT F

30. This scale shows a set of probabilities, from 0 to 100%. Using this scale, please indicate the probability of your entering a military medical practice, based on what you now know about the military?



TAKE BACK EXHIBIT F

IF 50% OR MORE ON Q. 30, ASK:

31. Which branch of the service would you be most likely to consider -- Air Force, Army, or Navy?

- 1 AIR FORCE
- 2 ARMY
- 3 NAVY
- 4 DON'T KNOW → SKIP TO INSTRUCTION AT BOTTOM OF PAGE

32. Why do you choose that one?



INTERVIEWER SAY: Here are some more questions that call for your marking your own answers.

TURN PAGE, HAND RESPONDENT QUESTIONNAIRE AND PENCIL.

33. Here are some facts about military medical practice. Please circle the number that is closest to how important each of these facts would be in getting you to enter a military practice. Circle one number for each fact.

	<u>VERY</u> <u>IMPORTANT</u>	<u>SOMEWHAT</u> <u>IMPORTANT</u>	<u>NOT VERY</u> <u>IMPORTANT</u>	<u>NOT</u> <u>AT ALL</u> <u>IMPORTANT</u>
a. The minimum rank at which a physician goes on active duty in the Army or Air Force is captain. In the Navy it's lieutenant.	1	2	3	4
b. The minimum active duty obligation is <u>two</u> years.	1	2	3	4
c. Usual salaries for physicians entering active duty are in the \$30,000 - \$35,000 range.	1	2	3	4
d. Initial location assignment of physicians can usually be negotiated <u>prior</u> to incurring an obligation.	1	2	3	4
e. To date, military physicians have <u>not</u> experienced personal liability in malpractice cases.	1	2	3	4
f. Military physicians receive a paid annual leave of 30 days.	1	2	3	4
g. Physicians who have completed 20 years of active duty can collect retirement benefits equal to <u>50%</u> of base pay. The plan is noncontributory.	1	2	3	4
h. Housing and subsistence allowances are <u>not taxable</u> as income.	1	2	3	4
i. Historically, medical officers have tended to receive <u>more rapid promotions</u> , on the average, than their nonmedical counterparts.	1	2	3	4

PLEASE RETURN THIS QUESTIONNAIRE TO YOUR INTERVIEWER.

SHOW EXHIBIT F AGAIN

34. With these facts in mind, what is the probability of your entering a military practice?

- | | |
|-------|--------|
| 0 0% | 5 50% |
| 1 10% | 6 60% |
| 2 20% | 7 70% |
| 3 30% | 8 80% |
| 4 40% | 9 90% |
| | X 100% |

TURN TO EXHIBIT G

IF PROBABILITY ON Q. 34 IS GREATER THAN Q. 30, ASK Q. 35.
OTHERWISE, SKIP TO Q. 36.

35. Your probability of entering a military practice is higher than it was earlier. Which of the facts that you have seen has caused you to become more favorable toward military service? Just tell me the letters of as many as apply.

- | | | |
|-----|-----|-----|
| 1 a | 4 d | 7 g |
| 2 b | 5 e | 8 h |
| 3 c | 6 f | 9 i |

TAKE BACK EXHIBIT G

36. Here are some suggestions for changes that might be made in the conditions of a military medical practice. As I read each one, please tell me whether the probability of your entering a military practice would increase, decrease, or stay the same, if this change were made.

	<u>INCREASE</u>	<u>DECREASE</u>	<u>STAY SAME</u>
a. Physicians would serve in the military in a civil service chain of command, separate from military officers.	1	2	3
b. Physicians would not be required to wear uniforms.	1	2	3
c. If a physician were dissatisfied with a new location assignment after serving in an initial location, he or she would have the option of leaving the service.	1	2	3
d. If a physician chose to, he or she could stay in one location assignment permanently.	1	2	3
e. A group of physicians would contract with the military to deliver health care. Physicians would not be part of the military structure.	1	2	3
f. A physician would enter the military for a six month probationary period, after which he or she could exercise an option to leave.	1	2	3

37. What changes in military medical practice would you suggest that might increase your probability of entering a military practice?



38. Now, here are some things that might happen outside of the military. As I read each one, please tell me whether the probability of your entering a military practice would increase, decrease, or stay the same if this thing happened.

	<u>INCREASE</u>	<u>DECREASE</u>	<u>STAY SAME</u>
a. The medical care delivery system in the U.S. becomes socialized	1	2	3
b. The cost of malpractice insurance increases by 50% or more	1	2	3
c. Peer review is stepped up to cover all but minor cases	1	2	3

SHOW EXHIBIT H

39a. Considering all that the military currently offers physicians, how adequate do you consider the entry salary of \$30,000-\$35,000 per year to be?

- 1 VERY ADEQUATE → SKIP TO Q. 40
- 2 ACCEPTABLE
- 3 A BIT LOW
- 4 TOTALLY UNACCEPTABLE

IF 2, 3, OR 4, ASK:

39b. Suppose that the military were to make important changes in policies, working conditions, and benefits other than salary, how adequate would \$30,000-\$35,000 per year be then?

- 1 VERY ADEQUATE
- 2 ACCEPTABLE
- 3 A BIT LOW
- 4 TOTALLY UNACCEPTABLE

IF IMPROVED RATING ON 39b OVER 39a, ASK:

39c. What would the most important change be?

TAKE BACK EXHIBIT H



The next questions are for background purposes.

40. In an average week, how many patients do you see? _____
41. What kind of a practice do you have --
is it an individual private practice,
a group practice, or what?
- 1 PRIVATE PRACTICE
 - 2 GROUP PRACTICE
 - 3 HOSPITAL EMPLOYEE
 - 4 INDUSTRY EMPLOYEE
 - 5 OTHER (Specify): _____
42. What is your highest level of professional education?
- 1 BOARD CERTIFIED
 - 2 BOARD ELIGIBLE
 - 3 PARTIALLY TRAINED
 - 4 NO SPECIALTY TRAINING
43. What field of medicine, or specialty, do you practice?
- 1 GENERAL PRACTICE
 - 2 INTERNAL MEDICINE
 - 3 OBSTETRICS/GYNECOLOGY
 - 4 PEDIATRICS
 - 5 OTHER (Specify): _____
44. What is your age? _____
45. Did you attend medical school in the United States?
- 1 YES
 - 2 NO
46. Were you born in the United States?
- 1 YES
 - 2 NO
47. Are you married, widowed, divorced, separated, or never married?
- 1 MARRIED
 - 2 WIDOWED
 - 3 DIVORCED
 - 4 SEPARATED
 - 5 SINGLE, NEVER MARRIED
 - 6 REFUSED
48. Are there any children 17 years of age or younger living in your home?
- 1 YES
 - 2 NO

IF YES, ASK:

49. How many are there altogether who are 17 years of age or younger?
- | | | |
|---------|--------|-----------------|
| 1 ONE | 4 FOUR | 7 SEVEN |
| 2 TWO | 5 FIVE | 8 EIGHT OR MORE |
| 3 THREE | 6 SIX | |

50.
 - 1 MAN
 - 2 WOMAN

51.
 - 1 WHITE
 - 2 BLACK
 - 3 OTHER

I hereby certify that this is a complete and honest interview, taken in accordance with my instructions.

SIGNED: _____
INTERVIEWER

CODE NO. _____

DATE OF INTERVIEW: _____

LENGTH IN MINUTES: _____